

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

New York Life Insurance Company Political Action Committee

ADDRESS (number and street)

51 Madison Avenue

Room 1109

☐ Check if different  
than previously  
reported. (ACC)

New York

NY

10010

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00158881

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report(Q1)
- ☐ July 15  
Quarterly Report(Q2)
- ☐ October 15  
Quarterly Report(Q3)
- ☐ January 31  
Quarterly Report(YE)
- ☐ July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☒

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

05

01

2010

through

05

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Helen Stagias

Signature of Treasurer

Electronically Filed by Helen Stagias

Date

06

18

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

New York Life Insurance Company Political Action Committee

Report Covering the Period:

From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	457612.99
(b) Cash on Hand at Beginning of Reporting Period .....	264145.30	
(c) Total Receipts (from Line 19) .....	121710.62	604296.92
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	385855.92	1061909.91
7. Total Disbursements (from Line 31) .....	99640.00	775693.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	286215.92	286215.92
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

New York Life Insurance Company Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	5	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	82191.16	297665.31
(ii) Unitemized .....	39479.18	301346.18
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	121670.34	599011.49
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	121670.34	599011.49
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	40.28	285.43
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	121710.62	604296.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	121710.62	604296.92

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	176.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	176.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	99500.00	755250.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	140.00	3267.99	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	140.00	3267.99	
29. Other Disbursements.....	0.00	17000.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	99640.00	775693.99	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	99640.00	775693.99	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	121670.34	599011.49
34. Total Contribution Refunds (from Line 28(d)) .....	140.00	3267.99
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	121530.34	595743.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	176.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	176.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 260

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

JP Morgan Chase Bank

Mailing Address 386 Park Avenue

City

New York

State

NY

Zip Code

10016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

285.43

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	0

Transaction ID: 5950191

Amount of Each Receipt this Period

40.28

Bank Interest

SUBTOTAL of Receipts This Page (optional) .....

40.28

TOTAL This Period (last page this line number only) .....

40.28

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Fannie M. Penrice

Mailing Address 910 Enterprise Avenue Apt. 4

City

Inglewood

State

CA

Zip Code

90302-2115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-60.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: 6037052

Amount of Each Receipt this Period

0.00

## **[MEMO ITEM]**

Refund(s) on Schedule B  
Totaling \$140.00 This changes the YTD Total to \$-6-0.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David A. Ponder

Mailing Address 2705 Falling Timber Trail

City

Edgewater

State

MD

Zip Code

21037-1220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1003604673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Rudy Pope

Mailing Address 4 Summerrules Road

City

Clarks Summit

State

PA

Zip Code

18411-1073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1003714673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

118.61

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. David W. Porter

Mailing Address 416 N Cordova Street

City

Burbank

State

CA

Zip Code

91505-3414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1003854673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Patricia A. Nowak

Mailing Address 98 Logwood Street

City

South Burlington

State

VT

Zip Code

05403-6444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1004673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Darin J. Robinson

Mailing Address 4208 Westminster Place

City

Saint Louis

State

MO

Zip Code

63108-3014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1010064673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

175.01

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Rory C. Robison

Mailing Address 2021 Eastwood Lane

City

Eugene

State

OR

Zip Code

97401-2387

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1010284673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. John J. Rocco

Mailing Address 2 Pleasure Island Road Suite 2B

City

Wakefield

State

MA

Zip Code

01880-1242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1010374673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Walton W. Rogers

Mailing Address 504 Pinefield Drive

City

Severna Park

State

MD

Zip Code

21146-2320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1011074673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

291.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas H. Herlong Sr.

Mailing Address 65 Bouknight Road

City

Johnston

State

SC

Zip Code

29832-2505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10144673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gary W. Sandifer

Mailing Address 46169 Bridget Road

City

Hammond

State

LA

Zip Code

70401-4835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1015014673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Marc L. Schaefer

Mailing Address 10912 Lamplighter Lane

City

Potomac

State

MD

Zip Code

20854-2783

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1016114673

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

233.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Darlene Schrank

Mailing Address 41603 E Ruppert Road

City

Benton City

State

WA

Zip Code

99320-8720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1017044673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard A. Schwartz

Mailing Address 3044 Kennington Way

City

Kokomo

State

IN

Zip Code

46902-5079

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1017504673

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. C. E. Scrivner

Mailing Address 11925 Southeast 231st Place

City

Kent

State

WA

Zip Code

98031-3688

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1018044673

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

518.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Sidney L. Seligstein

Mailing Address 1568 Massey Pointe Lane

City

Memphis

State

TN

Zip Code

38120-1317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1018434673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Christopher L. Simons

Mailing Address 713 Carper Drive

City

Artesia

State

NM

Zip Code

88210-2344

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1021634673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael A. Stefano, III

Mailing Address 18 Quaker Manor Lane

City

Patterson

State

NY

Zip Code

12563-2347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Corporate Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1026574673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

285.28

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. William L. Terrill

Mailing Address 405 Riverview  
PO Box 935

City State Zip Code  
Craig CO 81626-0935

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1031034673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Demetrios Theodoropoulos

Mailing Address 6 Fleetwood Court

City State Zip Code  
Orinda CA 94563-4004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1031324673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jack A. Thomas

Mailing Address 1014 Lake Place

City State Zip Code  
Montesano WA 98563-9504

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1031564673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

133.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Antonio Velazquez

Mailing Address 230 Campora Drive

City

Northvale

State

NJ

Zip Code

07647-1704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1037094673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Billy J. Watson

Mailing Address 3435 Indian Lake Trail

City

Pelham

State

AL

Zip Code

35124-2718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10374673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Casey Weeks

Mailing Address 1686 Cypress Springs Lane

City

Collierville

State

TN

Zip Code

38017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1041004673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

210.28

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Carol Wiley

Mailing Address 69-11A 188th Street

City

Flushing

State

NY

Zip Code

11365-3752

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Corporate Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1042994673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Billy R. Williams

Mailing Address 601 Montclair Way

City

Mobile

State

AL

Zip Code

36609-6539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1043304673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. David R. Wilson

Mailing Address 7257 2nd Avenue W

City

Oneonta

State

AL

Zip Code

35121-1667

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1044264673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

160.28

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard J. Witterschein

Mailing Address 50 Kemp Avenue

City

Fair Haven

State

NJ

Zip Code

07704-3504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

First Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1045054673

Amount of Each Receipt this Period

57.70

P/R Deduction (\$28.85 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Scott Woodley

Mailing Address 1546 Mistral Lane

City

Fond Du Lac

State

WI

Zip Code

54937-8030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1045794673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jason L. Hooz

Mailing Address 2868 S Palisades Avenue

City

Santa Cruz

State

CA

Zip Code

95062-5406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR104673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

141.04

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jerry L. Spivey

Mailing Address 1307 Fairway Drive

City

Elberton

State

GA

Zip Code

30635-2611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10484673

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Van Ewing

Mailing Address 1235 South Prairie Avenue  
Unit 2909

City

Chicago

State

IL

Zip Code

60605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.60

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1049494673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Warren C. Budd Jr.

Mailing Address PO Box 1723

City

Newnan

State

GA

Zip Code

30264-1723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10504673

Amount of Each Receipt this Period

83.33

P/R Deduction (\$83.33 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

399.11

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Dean H. Grant

Mailing Address 3669 Sussex Drive Northeast

City

Milledgeville

State

GA

Zip Code

31061-9382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10584673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Samuel Y. Friedman

Mailing Address 115 Lorimer Street Apt. 3B

City

Brooklyn

State

NY

Zip Code

11206-8081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1060504673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Lewis J. Carpenter

Mailing Address 4605 Finnhorse Lane

City

Pasco

State

WA

Zip Code

99301-8322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1061184673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

375.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Kimberly Bianchi

Mailing Address 6848 Route 9

City

Hudson

State

NY

Zip Code

12534-8909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1061484673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. James R. Vandre

Mailing Address 17335 Robinson Road

City

Marysville

State

OH

Zip Code

43040-9029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1061674673

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kevin S. Odell

Mailing Address 114 Perkins Mill Lane  
PO Box 889

City

Claxton

State

GA

Zip Code

30417-0889

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10644673

Amount of Each Receipt this Period

83.33

P/R Deduction (\$83.33 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kermit R. Griner Jr.

Mailing Address 305 Crestfield Drive

City

Columbus

State

GA

Zip Code

31904-2325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10684673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kent E. Moss

Mailing Address 11409 Paldao Road

City

Tampa

State

FL

Zip Code

33618-3923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10784673

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. John A. Ginn III

Mailing Address 401 Prince Road

City

St. Augustine

State

FL

Zip Code

32086-4906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10824673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

233.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gary T. Baumgarten

Mailing Address 230 W Reading Way

City

Winter Park

State

FL

Zip Code

32789-6052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10844673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Reginald S. Sedita

Mailing Address 11301 Whitney Chase Drive

City

Riverview

State

FL

Zip Code

33579-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10864673

Amount of Each Receipt this Period

83.33

P/R Deduction (\$83.33 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Salwyn M. Parker

Mailing Address 5805 Diamond Point Circle

City

El Paso

State

TX

Zip Code

79912-4152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
G.O. Agency Standards Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10924673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

326.94

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Frank B. Dolph III

Mailing Address 631 Intracoastal Drive

City

Fort Lauderdale

State

FL

Zip Code

33304-3618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10984673

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Curtis L. Eskew Jr.

Mailing Address 1680 Keely Lane

City

Sarasota

State

FL

Zip Code

34232-3061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR11014673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mark F. Bailey

Mailing Address 309 Redwing Lane

City

St. Augustine

State

FL

Zip Code

32080-7981

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR11064673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

496.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. William F. Lyon

Mailing Address 3809 Arbor Lane

City

Cincinnati

State

OH

Zip Code

45255-5628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR11144673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark I. Burton

Mailing Address 22781 Foxridge

City

Mission Viejo

State

CA

Zip Code

92692-4703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR11174673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. David R. Colflesh

Mailing Address 905 Olive  
PO Box 37

City

Tarkio

State

MO

Zip Code

64491-0037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR11184673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. James K. Bork

Mailing Address 2426 Gibley Park

City

Toledo

State

OH

Zip Code

43617-2233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR11224673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Larry E. Beebe

Mailing Address 3209 Stone Wall Road

City

Maumee

State

OH

Zip Code

43537-9593

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR11344673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. James P. Lyons

Mailing Address 100 Royal Palm Way Apt. 4A

City

Palm Beach

State

FL

Zip Code

33480-4259

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1134673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

175.01

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Willard L. Hensel

Mailing Address 6996 Winfield Strasburg Rd. NW

City

Strasburg

State

OH

Zip Code

44680-8967

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR11394673

Amount of Each Receipt this Period

83.33

P/R Deduction (\$83.33 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Timothy I. Miller

Mailing Address 285 Main Street

City

Dunstable

State

MA

Zip Code

01827-1911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR114673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael Quilter

Mailing Address PO Box 443

City

London

State

OH

Zip Code

43140-0443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR11554673

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

235.27

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael A. Yashnyk

Mailing Address 83 Crestwood Boulevard

City

Farmingdale

State

NY

Zip Code

11735-5802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR11674673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul E. Moyer

Mailing Address 3220 Briarcliff Drive

City

Findlay

State

OH

Zip Code

45840-4102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR11704673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Mo-  
nthly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Wendy Feldman

Mailing Address 20202 E Superstition Drive

City

Queen Creek

State

AZ

Zip Code

85412-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR11724673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Mon-  
thly)

**SUBTOTAL** of Receipts This Page (optional) .....

370.53

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Barbara F. Hinebaugh

Mailing Address 3201 Westmont Place

City

The Villages

State

FL

Zip Code

32162-7640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR11754673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. David C. Baker

Mailing Address 31686 Lake Road

City

Bay Village

State

OH

Zip Code

44140-1027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR11764673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Steven Meier

Mailing Address 4575 Lanercost Way

City

Columbus

State

OH

Zip Code

43220-2916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR11804673

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

218.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Frederick A. Eisner

Mailing Address 432 E Glengary Circle

City

Highland Heights

State

OH

Zip Code

44143-3623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR11884673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Peter Scheid

Mailing Address 3175 Scarborough Road

City

Cleveland Heights

State

OH

Zip Code

44118-4049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR11914673

Amount of Each Receipt this Period

98.00

P/R Deduction (\$98.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Delores McGhee

Mailing Address 798 George Street

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR11964673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

198.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mark Vahala

Mailing Address 500 Cedar Elm Court

City

Irving

State

TX

Zip Code

75063-8467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR12064673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Zarir J. Sethna

Mailing Address 2211 Crescent Palm Lane

City

Houston

State

TX

Zip Code

77077-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR12124673

Amount of Each Receipt this Period

83.33

P/R Deduction (\$83.33 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kishan N. Patel

Mailing Address 2761 Manu Court

City

Glenview

State

IL

Zip Code

60026-1077

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR12194673

Amount of Each Receipt this Period

200.00

P/R Deduction (\$200.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

533.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. David E. Levee

Mailing Address 982 Vernon Avenue

City

Glencoe

State

IL

Zip Code

60022-1266

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR12294673

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Samir J. Alame

Mailing Address 2609 W Wilson Street

City

Batavia

State

IL

Zip Code

60510-7690

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR12334673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Margaret Y. Tan

Mailing Address 564 Ortega Street

City

San Francisco

State

CA

Zip Code

94122-4624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR12444673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

183.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. James Kageleiry

Mailing Address 8 Hayes Lane

City

Dover

State

NH

Zip Code

03820-4213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR124673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Curtis T. Schultz

Mailing Address 2204 Cherokee Circle

City

Valparaiso

State

IN

Zip Code

46383-2284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR12524673

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joseph H. Lee Sr.

Mailing Address 16640 Kehrsgrrove Drive

City

Chesterfield

State

MO

Zip Code

63005-4539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR12544673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Raman K. Patel

Mailing Address 3281 Pleasant Run

City

Northbrook

State

IL

Zip Code

60062-7411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR12594673

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Larry D. Massey

Mailing Address 3761 Mountain Way Cove

City

Snellville

State

GA

Zip Code

30039-8413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR12664673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas N. Gavin

Mailing Address 449 Vista Court

City

Benicia

State

CA

Zip Code

94510-2715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR12684673

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Bev Spellbring

Mailing Address 3009 McColm Drive

City

Farmington

State

NM

Zip Code

87402-5259

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR12714673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Amrit L. Mittal

Mailing Address 215 Rugeley Rdd

City

Western Springs

State

IL

Zip Code

60558-1954

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR12794673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Avinash J. Desai

Mailing Address 340 Bloomfield Circle

City

Bloomington

State

IL

Zip Code

60108-2551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR12824673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

250.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. John T. Osterman

Mailing Address 1406 W Camino Real

City

Yuma

State

AZ

Zip Code

85364-6292

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR12984673

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Steven J. Heussner

Mailing Address 201 Falling Water Drive

City

McKinney

State

TX

Zip Code

75070-8776

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR13074673

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. David J. Duchene

Mailing Address 25 Kingsview Lane N

City

Plymouth

State

MN

Zip Code

55447-4319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR13154673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

308.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert V. Schechter

Mailing Address 1448 Lakewood Road

City

Bloomfield

State

MI

Zip Code

48302-2751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR13234673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. G. Joseph Pasman Jr.

Mailing Address 7397 Heather Ridge Court Southeast

City

Caledonia

State

MI

Zip Code

49316-9010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR13304673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey W. Slattery

Mailing Address 4052 Walton Ridge Court

City

Mason

State

OH

Zip Code

45040-5916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR13314673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

300.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Brian T. Nowak

Mailing Address 6111 E Cobblestones Lane

City

Sylvania

State

OH

Zip Code

43560-9452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR13344673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Varda N. Fink

Mailing Address 13325 Old Forge Road

City

Silver Spring

State

MD

Zip Code

20904-6328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR13354673

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Mon-  
thly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael J. Jungen

Mailing Address N81W23285 Five Iron Way

City

Sussex

State

WI

Zip Code

53089-1558

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR13464673

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Mon-  
thly)

**SUBTOTAL** of Receipts This Page (optional) .....

288.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gerald W. Stadler

Mailing Address E10011 Fawn Lane

City

Reedsburg

State

WI

Zip Code

53959-9632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR13514673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth A. Olson

Mailing Address 68-1785 Melia Street Apt. 6-211

City

Waikoloa

State

HI

Zip Code

96738-5572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR13564673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. George N. Ridings

Mailing Address 887 West Main Street  
PO Box 1750

City

Richmond

State

KY

Zip Code

40476-1750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR13624673

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. George Nichols, III

Mailing Address 10010 Gary Road

City

Potomac

State

MD

Zip Code

20854-4149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.90

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR13724673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. James F. Naive

Mailing Address 6256 Bell Road Court

City

Montgomery

State

AL

Zip Code

36117-4357

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR13904673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Norman M. Bryant

Mailing Address 196 Mitoba Trail

City

Pelham

State

AL

Zip Code

35124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR14024673

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

332.45

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Steven R. Kanaski

Mailing Address 9692 Sterling Pointe Court

City

Loomis

State

CA

Zip Code

95650-7120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1916.64

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR14124673

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Mo-  
nthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Lloyd R. Wilson Sr.

Mailing Address 3148 Pine Ridge Road

City

Birmingham

State

AL

Zip Code

35213-3906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR14164673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Mo-  
nthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Ross-Morris Sims

Mailing Address 91 Valley View Road

City

Cortlandt Manor

State

NY

Zip Code

10567-1235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR14214673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

820.52

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. R. Frank Avrett

Mailing Address 21637 North 78th Street

City State Zip Code  
Scottsdale AZ 85255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR14234673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. John F. De Buys III

Mailing Address 2501 Country Club Circle

City State Zip Code  
Birmingham AL 35223-1119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR14244673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Timothy M. Ellen

Mailing Address 113 Highland Pointe Drive

City State Zip Code  
Lagrange GA 30240-3791

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR14284673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

287.20

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joseph W. Donaldson

Mailing Address 106 Glynlakes Drive

City

Pike Road

State

AL

Zip Code

36064-1766

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR14374673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Patrick L. McCraw

Mailing Address 122 McDill Cove

City

Madison

State

MS

Zip Code

39110-6562

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.22

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR14414673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Stanley B. Kline

Mailing Address 24 Lakewood Cove

City

Vicksburg

State

MS

Zip Code

39180-5320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.15

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR14434673

Amount of Each Receipt this Period

70.83

P/R Deduction (\$70.83 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

384.95

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Timothy A. Martin

Mailing Address 7625 Vestal Boulevard Apt. 4

City

North Little Rock

State

AR

Zip Code

72113-7275

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR14614673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Sharon G. Welch-Blair

Mailing Address 220 W 22nd Street

City

Little Rock

State

AR

Zip Code

72206-1514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR14664673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas L. McConathy

Mailing Address 11813 Towering Oaks Drive

City

Baton Rouge

State

LA

Zip Code

70810-3162

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.54

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR14694673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

355.79

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Kathleen Davenport

Mailing Address 1337 Huron Avenue

City

Metairie

State

LA

Zip Code

70005-1233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR14764673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Michele T. Guerin

Mailing Address 539 Little Farms Avenue

City

River Ridge

State

LA

Zip Code

70123-1311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR14894673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Tim C. Fitzgerald

Mailing Address 12086 Ellerbe Road

City

Shreveport

State

LA

Zip Code

71115-9568

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR14944673

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Dominick V. Cianciotti

Mailing Address 3 Malcolms Landing

City

Northport

State

NY

Zip Code

11768-1559

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1504673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Maurice Springer

Mailing Address 25 Riga Court

City

Scotch Plains

State

NJ

Zip Code

07076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR15054673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. John B. Stagg

Mailing Address 8816 S Lakewood Court

City

Tulsa

State

OK

Zip Code

74137-3124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR15074673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

391.06

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Bryan S. Norris

Mailing Address 639 Loyola Avenue  
Suite 1900

City State Zip Code  
New Orleans LA 70113-3188

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.22

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR15104673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lionel A. Smith

Mailing Address 3922 Patterson Drive

City State Zip Code  
New Orleans LA 70114-1809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR15154673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Sidney A. Triche

Mailing Address PO Box 159

City State Zip Code  
Larose LA 70373-0159

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR15164673

Amount of Each Receipt this Period

83.33

P/R Deduction (\$83.33 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

355.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Daryl R. Ellis

Mailing Address 521 Louray Court

City

Baton Rouge

State

LA

Zip Code

70808-6777

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR15284673

Amount of Each Receipt this Period

83.33

P/R Deduction (\$83.33 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph S. Bonin

Mailing Address 633 Gertrude Drive

City

St. Martinville

State

LA

Zip Code

70582-4935

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR15304673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Christopher J. Prudhomme

Mailing Address 165 Emmons Canyon Lane

City

Alamo

State

CA

Zip Code

94507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Zone Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR15384673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

287.19

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Samuel L. Hebert

Mailing Address 3307 Henderson Bayou Road

City

Lake Charles

State

LA

Zip Code

70605-2248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR15404673

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Collie B. Sledge

Mailing Address 5310 River Thames Road

City

Jackson

State

MS

Zip Code

39211-4631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR15424673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gordon D. Ellis Jr.

Mailing Address 11410 Sugar Lane

City

Baton Rouge

State

LA

Zip Code

70810-2059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR15464673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

416.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael T. Delahaye

Mailing Address 7712 Jefferson Place Blvd. Apt. A

City

Baton Rouge

State

LA

Zip Code

70809-8607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR15474673

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bruce J. Vicknair

Mailing Address 201 Ashland Drive

City

Thibodaux

State

LA

Zip Code

70301-2901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR15484673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Eric B. Campbell

Mailing Address 2108 University Club Drive

City

Austin

State

TX

Zip Code

78732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR15634673

Amount of Each Receipt this Period

230.76

P/R Deduction (\$115.38 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

372.43

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael R. Noland

Mailing Address 5933 S Knoxville Avenue

City

Tulsa

State

OK

Zip Code

74135-7806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR15694673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Fred D. Bangasser

Mailing Address 2108 Key West Cove

City

Austin

State

TX

Zip Code

78746-7256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR15794673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Lawrence J. Bernard

Mailing Address 5100 San Felipe Street Unit 181E

City

Houston

State

TX

Zip Code

77056-3687

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR15804673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

583.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Raymond Vitek Jr.

Mailing Address 818 San Marino Street

City

Sugar Land

State

TX

Zip Code

77478-3328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR15824673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gib Surles

Mailing Address 434 Westminster Drive

City

Houston

State

TX

Zip Code

77024-5609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR16014673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas H. Ball

Mailing Address 2200 Westlake Drive

City

Austin

State

TX

Zip Code

78746-2933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR16084673

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

380.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Lawson J. Schuford Jr.

Mailing Address 201 Plano Street

City

Shreveport

State

LA

Zip Code

71103-2056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR16104673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Frank H. Knox

Mailing Address 1904 Morning Star

City

Edmond

State

OK

Zip Code

73034-6541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR16204673

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. John R. Breedlove

Mailing Address 1227 Fisher Drive

City

Tyler

State

TX

Zip Code

75701-6929

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR16294673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

191.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert McKinley

Mailing Address 2121 North California Boulevard  
Suite 550

City State Zip Code  
Walnut Creek CA 94596

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.60

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR16304673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Aurora Saenz

Mailing Address 2002 S Westgate Drive

City State Zip Code  
Weslaco TX 78596-9310

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR16404673

Amount of Each Receipt this Period

83.33

P/R Deduction (\$83.33 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Amado Espinoza III

Mailing Address 608 Golondrina Drive

City State Zip Code  
Roswell NM 88201-1323

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR16504673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

355.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Maximo C. Muniz, Jr.

Mailing Address 171 Hillside Avenue

City

Milford

State

CT

Zip Code

06460-7811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Senior Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR16544673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Karen L. Watson

Mailing Address 3301 Riverway Court

City

Fort Worth

State

TX

Zip Code

76116-9561

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR16594673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Elizabeth S. Gonzales

Mailing Address 10309 Yellowstone Drive

City

Austin

State

TX

Zip Code

78747-3947

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR16674673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

293.61

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael D. Burson

Mailing Address 261 South Main Street  
#333

City State Zip Code  
Newtown CT 06470

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

407.76

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR16684673

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kevin R. Garman

Mailing Address 3025 Bellaire Ranch Drive

City State Zip Code  
Fort Worth TX 76109

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.90

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR16734673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Stuart J. Isgur

Mailing Address 2025 Huntington Lane

City State Zip Code  
Fort Worth TX 76110-1743

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR16784673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

414.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Marcel R. Frey

Mailing Address 1703 S Medio River Circle

City

Sugar Land

State

TX

Zip Code

77478-5315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR16824673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Rodger K. Johnson

Mailing Address 910 N Houston Street

City

Bullard

State

TX

Zip Code

75757-5128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR16884673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gregory M. Wright

Mailing Address 10510 FM 307

City

Midland

State

TX

Zip Code

79706-5318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR16894673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

375.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas W. Robinson Jr.

Mailing Address 12131 Broken Bough Drive

City

Houston

State

TX

Zip Code

77024-4253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR16904673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stephen N. Maus

Mailing Address 4821 Augusta Drive

City

Frisco

State

TX

Zip Code

75034-6841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR17024673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard H. Eppink, Jr.

Mailing Address 5079 Jasmine Way

City

Palm Harbor

State

FL

Zip Code

34685-5604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1704673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

576.94

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Marcus J. Ham

Mailing Address 8713 Maple Hollow Court

City

Granite Bay

State

CA

Zip Code

95746-6158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR17084673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Patricia Mann

Mailing Address 23717 Rockrose Drive

City

Golden

State

CO

Zip Code

80401-9185

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.14

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR17094673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mark D. Cates

Mailing Address 18273 Chappuis Trail

City

Faribault

State

MN

Zip Code

55021-7478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR17144673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

426.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas D. Hegna

Mailing Address 16931 E Jacklin Drive

City

Fountain Hills

State

AZ

Zip Code

85268-5446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

First Vice President

Aggregate Year-to-Date ▼

1153.90

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR17164673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ronald Karkela

Mailing Address 820 Recluse Court

City

Casper

State

WY

Zip Code

82609-3380

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Managing Partner

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR17204673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Mangala K. Pai Panandiker

Mailing Address 19425 Vine Ridge Road

City

Excelsior

State

MN

Zip Code

55331-9173

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Agent

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR17224673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

426.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. John Vaccaro

Mailing Address 270 W 11th Street  
Apt. 2B

City State Zip Code  
New York NY 10014-2422

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1724673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Terry K. Lewis

Mailing Address 5612 Dale Avenue

City State Zip Code  
Edina MN 55436-2469

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR17344673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Don R. Schaefer

Mailing Address 16621 X Street

City State Zip Code  
Omaha NE 68135-2373

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR17364673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

368.61

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Marlyn Mc Clain

Mailing Address 109 S 38th Street Apt. 237

City

State

Zip Code

Council Blfs

IA

51501-3389

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR17544673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Dennis J. Bell

Mailing Address 10576 Sunset Terrace

City

State

Zip Code

Clive

IA

50325-6554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR17574673

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gregory D. Jensen

Mailing Address 16850 Berkshire Court

City

State

Zip Code

Sw Ranches

FL

33331-1332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.22

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR17604673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

482.45

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Troy G. Braswell

Mailing Address 16843 Highland Ridge Drive

City State Zip Code  
Belton MO 64012

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.22

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR17904673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Galen D. Dody

Mailing Address 501 David Drive

City State Zip Code  
Clinton MO 64735-1948

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR17934673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Stephen F. Schneider Jr.

Mailing Address 1265 E Catalpa Street

City State Zip Code  
Springfield MO 65804-0037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR18014673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

522.45

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. David A. Lyons

Mailing Address 405 Barrett Road

City

Lawrence

State

NY

Zip Code

11559-2702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR18044673

Amount of Each Receipt this Period

83.33

P/R Deduction (\$83.33 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joel P. Blanchard

Mailing Address 5608 S Deer Park Drive

City

Sioux Falls

State

SD

Zip Code

57108-2013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.22

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR18224673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gregory D. Blanchard

Mailing Address 4720 W 127th Place

City

Broomfield

State

CO

Zip Code

80020-5737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR18234673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

397.45

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard J. Garry

Mailing Address 7400 S Bitterroot Place

City

Sioux Falls

State

SD

Zip Code

57108-1554

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR18294673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Steven J. Garry

Mailing Address 2600 East Orchard Trail

City

Sioux Falls

State

SD

Zip Code

57103-0000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR18304673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jonathan P. Matrullo

Mailing Address 35 Deer Run

City

Hope

State

RI

Zip Code

02831-1102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR18326964673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

416.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joseph M. Cates

Mailing Address 415 Central Avenue N

City

Faribault

State

MN

Zip Code

55021-5216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR18327594673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Christine M. Park

Mailing Address 765 Mosswood Avenue

City

South Orange

State

NJ

Zip Code

07079

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR18332244673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Craig A. Merdian

Mailing Address 40 Bovensiepen Court

City

Roseland

State

NJ

Zip Code

07068-1128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR18332864673

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

218.61

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Steven D. Lash

Mailing Address 66 Everett Road

City

Demarest

State

NJ

Zip Code

07627-1225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Senior Vice President

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR18333574673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Roger H. Morris

Mailing Address 2101 N Westwood Avenue

City

Santa Ana

State

CA

Zip Code

92706-1943

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Agent

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR18394673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joseph D. Kruse

Mailing Address 609 E St. Andrews Circle

City

Dakota Dunes

State

SD

Zip Code

57049-5133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Agent

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR18424673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

293.61

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael A. Norman

Mailing Address 5977 Blue Hills Court

City

Reno

State

NV

Zip Code

89502-8708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR18464673

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Shane M. Swanson

Mailing Address 316 E Ranney Avenue

City

Vernon Hills

State

IL

Zip Code

60061-4132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Zone Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.22

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR18554673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Walter C. May

Mailing Address 2009 Royal Club Court

City

Arlington

State

TX

Zip Code

76017-4434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR18624673

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

455.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Larry V. Buckner

Mailing Address 4545 Circle View Boulevard

City

Los Angeles

State

CA

Zip Code

90043-1151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR18644673

Amount of Each Receipt this Period

83.33

P/R Deduction (\$83.33 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. John R. Meyer

Mailing Address 996 Stafford Avenue

City

Staten Island

State

NY

Zip Code

10309-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1864673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Royse J. Huff

Mailing Address 506 Fairway Place

City

Fairfield

State

IA

Zip Code

52556-3630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR18674673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

320.53

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. O. L. Elrick Jr.

Mailing Address 1440 N Gatewood Street Apt. 51

City

Wichita

State

KS

Zip Code

67206-1253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR18844673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kevin R. Johnson

Mailing Address 100 Street of Dreams

City

Village Loch Loyd

State

MO

Zip Code

64012-4179

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR18854673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. C. L. Meigs

Mailing Address 20040 Southeast Grandview Avenue

City

Pratt

State

KS

Zip Code

67124-2706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

373.36

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR18874673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

383.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. John Mc Kenna Jr.

Mailing Address 110 Churn Creek Drive

City

Bozeman

State

MT

Zip Code

59715-7872

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR18914673

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. David S. Sell

Mailing Address 75 Sasapequan Road

City

Fairfield

State

CT

Zip Code

06824-7829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR18927314673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Rakesh R. Bansal

Mailing Address 1 Horseshoe Court

City

Monroe

State

NJ

Zip Code

08831-2368

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1894673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

476.94

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. John P. Schwan

Mailing Address 1320 N Arch Street

City

Aberdeen

State

SD

Zip Code

57401-2147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR18974673

Amount of Each Receipt this Period

300.00

P/R Deduction (\$300.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Scott R. Alexander

Mailing Address 16252 Placerita Canyon Road

City

Santa Clarita

State

CA

Zip Code

91321-3302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR18984673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey S. Marsh

Mailing Address 1749 W 15th Avenue

City

Torrington

State

WY

Zip Code

82240-3706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR19174673

Amount of Each Receipt this Period

83.33

P/R Deduction (\$83.33 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

633.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. David R. Somerville Jr.

Mailing Address 725 Rosarita Drive

City

Fullerton

State

CA

Zip Code

92835-1842

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR19264673

Amount of Each Receipt this Period

83.33

P/R Deduction (\$83.33 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Murray A. Pruetz

Mailing Address 2626 W Walatowa Street

City

Phoenix

State

AZ

Zip Code

85041-9626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR19324673

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. James J. Killgore

Mailing Address 4123 Campus Green Loop Northeast

City

Lacey

State

WA

Zip Code

98516-6241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR19334673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

233.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Loy S. Maycock

Mailing Address 359 County Road 250

City

Durango

State

CO

Zip Code

81301-6976

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR19344673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph L. Tigert

Mailing Address 8620 Brentmoor Street

City

Wichita

State

KS

Zip Code

67206-2404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.60

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR19434673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Kap S. Enders

Mailing Address 10620 Washington Circle

City

Anchorage

State

AK

Zip Code

99515-2505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR19504673

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

372.45

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Steven T. Mindak

Mailing Address 9290 E Thompson Peak Pkwy. Unit 41

City

Scottsdale

State

AZ

Zip Code

85255-4514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR19524673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Carrie L. Hall

Mailing Address 5628 E Monterosa Street

City

Phoenix

State

AZ

Zip Code

85018-4646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR19534673

Amount of Each Receipt this Period

300.00

P/R Deduction (\$300.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Glass

Mailing Address 3174 E Stella Lane

City

Phoenix

State

AZ

Zip Code

85016-2343

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR19574673

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

616.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jan Christensen

Mailing Address 2356 Bear Hills Drive

City

Draper

State

UT

Zip Code

84020-9672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR19714673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. William C. Gallagher

Mailing Address 8991 S Cobble Canyon

City

Sandy

State

UT

Zip Code

84093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR19794673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael J. Wallace

Mailing Address 1654 Wheatgrass Court

City

Reno

State

NV

Zip Code

89509-6912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR19804673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

410.28

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. William C. Wallace

Mailing Address 1248 Rose Lane

City

Lafayette

State

CA

Zip Code

94549-3032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR19814673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gary L. Bacon

Mailing Address 1099 Kentfield Drive

City

Salinas

State

CA

Zip Code

93901-1067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR19844673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert D. Hall

Mailing Address 2015 Evergreen Court

City

Yakima

State

WA

Zip Code

98902-1200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR19864673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Rick G. Austin

Mailing Address 4151 N Mulberry Drive Suite 225

City

Kansas City

State

MO

Zip Code

64116-4600

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR19944673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stephen G. Bakke

Mailing Address 3865 Welsh Pony Lane

City

Yorba Linda

State

CA

Zip Code

92886-7929

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.90

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR20054673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Sharon A. Rockett

Mailing Address 310 6th Street

City

Raymond

State

WA

Zip Code

98577-2503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR20114673

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

555.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Daniel C. Fortier

Mailing Address 8706 Webster Avenue

City

Yakima

State

WA

Zip Code

98908-9309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR20174673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gordon D. Schuster

Mailing Address 1230 Leanne Place

City

Wenatchee

State

WA

Zip Code

98801-3253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR20204673

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. John K. Henker

Mailing Address 2741 Lapierre Canyon Drive

City

Kennewick

State

WA

Zip Code

99338-7307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR20214673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

233.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. John W. Whitehead

Mailing Address 20782 Southwest Hillboro Hy

City

Newberg

State

OR

Zip Code

97132-9412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR20354673

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert L. Cannon III

Mailing Address 30700 19th Avenue S

City

Federal Way

State

WA

Zip Code

98003-5103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR20394673

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. John B. Whitehead

Mailing Address 11365 Southwest Bobwhite Place

City

Beaverton

State

OR

Zip Code

97007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR20434673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

236.94

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas E. Beck

Mailing Address 679 Lincoln Street

City

Santa Clara

State

CA

Zip Code

95050-5318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR20444673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Nathan E. Engstrom

Mailing Address 17140 Southwest Hillsboro Highway

City

Sherwood

State

OR

Zip Code

97140-8622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR20474673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Victoria V. Simmaly

Mailing Address 450 Middlefield Road

City

Atherton

State

CA

Zip Code

94027-3216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR20534673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

141.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Yoshio Kinjo

Mailing Address 241 S Peralta Hills Drive

City

Anaheim

State

CA

Zip Code

92807-3425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR20604673

Amount of Each Receipt this Period

83.33

P/R Deduction (\$83.33 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Barbara L. Cole

Mailing Address 1052 S Laughingbrook Court

City

Anaheim

State

CA

Zip Code

92808-2136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR20614673

Amount of Each Receipt this Period

83.33

P/R Deduction (\$83.33 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Katherine H. Huebert

Mailing Address 294 Robinwood Circle

City

Reedley

State

CA

Zip Code

93654-2767

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR20704673

Amount of Each Receipt this Period

83.33

P/R Deduction (\$83.33 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. William V. Brody

Mailing Address 19 Corte Miguel

City

San Rafael

State

CA

Zip Code

94903-1810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR20784673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stan Goodin

Mailing Address 6117 Carriage House Way

City

Reno

State

NV

Zip Code

89519-7324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR20824673

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Christie S. Mueller

Mailing Address 6841 Ripley Lane N

City

Renton

State

WA

Zip Code

98056-1529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR20994673

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Stephen C. Dill

Mailing Address 4082 Prestwick Lane

City

Palmdale

State

CA

Zip Code

93551-5381

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR21024673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert H. Perry

Mailing Address 1227 Meadow Ridge Road

City

Sandy

State

UT

Zip Code

84094-5713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR21044673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Louis L. Murray Jr.

Mailing Address 71 Manthon Road Apt. 2

City

West Roxbury

State

MA

Zip Code

02132-4426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR211444673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

500.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kevin A. Byrne

Mailing Address 7716 Evers Boulevard

City

Cheyenne

State

WY

Zip Code

82009-5920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR211594673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Narottam N. Patel

Mailing Address 1 Green Springs Way

City

Freehold

State

NJ

Zip Code

07728-9070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR211724673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Deborah L. Lewis

Mailing Address 4280 Country Squire Lane

City

Fairfax

State

VA

Zip Code

22032-1610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR211734673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

208.35

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Everton M. Lewis

Mailing Address 1751 2nd Avenue Apt. 20F

City

New York

State

NY

Zip Code

10128-5379

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR211754673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark G. Heinemann

Mailing Address 1 Hanford Street

City

Melville

State

NY

Zip Code

11747-1323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR211894673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. John A. Forte

Mailing Address 1 Chandler Drive

City

Ballston Lake

State

NY

Zip Code

12019-1335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR211924673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

541.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. David P. Brown

Mailing Address 524 Terrace Avenue

City

Garden City

State

NY

Zip Code

11530-5442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR211944673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Otto A. Kuehne

Mailing Address 6213 Ranch View Dr. N

City

East Amherst

State

NY

Zip Code

14051-2094

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR211994673

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ronnie D. Weller

Mailing Address 723 Whig Hill Road

City

Tionesta

State

PA

Zip Code

16353-8046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR212134673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

225.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard L. Dietz

Mailing Address 14 Cardinal Drive

City

Poughkeepsie

State

NY

Zip Code

12601-5719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR212154673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas B. Ryan

Mailing Address 1303 Meadow Lane

City

Berwyn

State

PA

Zip Code

19312-1971

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR212224673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. John E. Horstmann

Mailing Address 7684 N Kincaid Avenue

City

Fresno

State

CA

Zip Code

93711-0363

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR212224673

Amount of Each Receipt this Period

90.00

P/R Deduction (\$90.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

181.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. John T. Alexander

Mailing Address 372 Baymount Drive

City

Statesville

State

NC

Zip Code

28625-9548

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR212344673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey M. Hudson

Mailing Address 6218 Seminary Road

City

Columbus

State

GA

Zip Code

31904-2933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR212424673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Edward S. McKnight

Mailing Address 520 Pitchercane Road

City

Hot Springs

State

AR

Zip Code

71901-8402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR212454673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

300.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Valerie P. Kaiser

Mailing Address 20604 Marsh Court

City

Sterling

State

VA

Zip Code

20165-7315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR212464673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael P. Daly

Mailing Address 1426 State Route 125

City

Hamersville

State

OH

Zip Code

45130-9509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR212494673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Todd Olig

Mailing Address 1006 Dewey Street

City

Kiel

State

WI

Zip Code

53042-1242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR212734673

Amount of Each Receipt this Period

83.33

P/R Deduction (\$83.33 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

383.33

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Oscar A. Anzaldo

Mailing Address 2704 Bonniebrook Drive

City

Stockton

State

CA

Zip Code

95207-1308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR21284673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph W. Littlejohn

Mailing Address 111 Robert E Lee Place

City

Bossier City

State

LA

Zip Code

71111-5025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR212954673

Amount of Each Receipt this Period

42.00

P/R Deduction (\$42.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Budo D. Perry

Mailing Address 305 S Scott Street

City

Fort Gibson

State

OK

Zip Code

74434-8722

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR212994673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

133.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Coy E. Silvis

Mailing Address 9837 E 85th Street

City

Tulsa

State

OK

Zip Code

74133-4521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
Agent

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR213004673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Sanford E. Bressick

Mailing Address 611 El Dorado Court

City

Santa Rosa

State

CA

Zip Code

95404-2116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
Agent

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR21304673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Sharon C. Patterson

Mailing Address 1501 Presto Way Northwest

City

Albuquerque

State

NM

Zip Code

87104-2396

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
Agent

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR213074673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

291.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Zerbe M. Mellish

Mailing Address 2503 Valleyfield Drive

City

Houston

State

TX

Zip Code

77080-4406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR213114673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jerry M. Fish

Mailing Address 16 Waterford Lane

City

Beachwood

State

OH

Zip Code

44122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.14

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR21314673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Susan K. Ziener

Mailing Address 10630 Dodge Mower Road

City

Blmng Prairie

State

MN

Zip Code

55917-6934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR213244673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

322.45

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mark A. Wiskus

Mailing Address 1005 Edgewater Drive

City

Pella

State

IA

Zip Code

50219-7669

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR213344673

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael R. Brown

Mailing Address 8976 Northeast Patton Road

City

Hamilton

State

MO

Zip Code

64644-9166

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR213414673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ron Meeker

Mailing Address 804 N Dubuque Avenue

City

Sioux Falls

State

SD

Zip Code

57110-5825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR213434673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

391.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. E. Jay Bond

Mailing Address 6670 E Green Lake Way N

City

Seattle

State

WA

Zip Code

98103-5419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR213574673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard J. Werner

Mailing Address 1380 King James Court

City

Oak Park

State

CA

Zip Code

91377-4738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR21364673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey R. Beaulieu

Mailing Address 9109 Middlefield Drive

City

Riverside

State

CA

Zip Code

92508-6257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR213664673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

375.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Lan D. Hong

Mailing Address 19 Cedar Lane

City

San Jose

State

CA

Zip Code

95127-2313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR213674673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Annamalai Palani

Mailing Address 5837 Corte Mente

City

Pleasanton

State

CA

Zip Code

94566-5872

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR213844673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Eric K. Takao

Mailing Address 752 Pahumele Place

City

Kailua

State

HI

Zip Code

96734-3513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR213864673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

466.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jesse C. Rivera

Mailing Address 41 Leschi Drive

City

Steilacoom

State

WA

Zip Code

98388-1513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR213894673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. William V. Regan III

Mailing Address 790 Bromfield Road

City

San Mateo

State

CA

Zip Code

94402-1115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR214024673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jerome H. Sullivan

Mailing Address 204 Paseo Arboles

City

Fairfield

State

CA

Zip Code

94534-1514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR214034673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

291.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jerry Macias

Mailing Address 1530 Avenida Quintas

City

Las Cruces

State

NM

Zip Code

88001-3509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR21434673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Jeanne M. Carbone

Mailing Address 30 Eagle Court

City

White Plains

State

NY

Zip Code

10605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
First Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR2144673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Angelo Haddad

Mailing Address 354 Garnsey Avenue

City

Bakersfield

State

CA

Zip Code

93309-1849

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR21454673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

376.94

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Patrick D. Miller

Mailing Address 265 Mountain Crest Road

City

Duarte

State

CA

Zip Code

91010-1537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR21474673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kevin Choi

Mailing Address 4442 Saint Clair Avenue

City

Studio City

State

CA

Zip Code

91604-1207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.22

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR215314673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Jeannette L. Meitz

Mailing Address 3734 Vancouver Drive

City

Reno

State

NV

Zip Code

89511-6048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
National Life Sales Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR215344673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

364.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard K. Stivers

Mailing Address 129 Hartland Drive Unit 8A

City

Myrtle Beach

State

SC

Zip Code

29572-2215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR21544673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert J. Polilli

Mailing Address 4522 Perdita Lane

City

Lutz

State

FL

Zip Code

33558-9079

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR215454673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Lawrence R. Tover

Mailing Address 4839 Hermano Drive

City

Tarzana

State

CA

Zip Code

91356-4517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR21554673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

368.61

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 99 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Albert J. Schiff

Mailing Address 11 Mohawk Lane

City

Greenwich

State

CT

Zip Code

06831-3125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Ceo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.90

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR215594673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Cynthia R. Bolker

Mailing Address 147 27th Street

City

Del Mar

State

CA

Zip Code

92014-2043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR21714673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Raymond J. Triplett

Mailing Address 16171 Hillvale Avenue

City

Monte Sereno

State

CA

Zip Code

95030-4159

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR21724673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

522.45

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. William S. Anders

Mailing Address 602 Ho Noble House 3 Cha  
#803-7 Bangbae-Dong Seocho-Gu

City State Zip Code  
Seoul ZZ 00137-060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
International Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR21764673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Amrit Soni

Mailing Address 13265 Mission Tierra Way

City State Zip Code  
Granada Hills CA 91344-1125

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR21804673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael R. Grinnon

Mailing Address 11050 Vale Road

City State Zip Code  
Oakton VA 22124-1434

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR21867224673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

201.95

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Nick Ameli Jr.

Mailing Address 4113 Coal Heritge Road

City

Bluewell

State

WV

Zip Code

24701-9193

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR218814673

Amount of Each Receipt this Period

83.33

P/R Deduction (\$83.33 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jerome A. Timmermann

Mailing Address PO Box 21

City

Breese

State

IL

Zip Code

62230-0021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.32

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR218854673

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. John S. Wolff

Mailing Address 120 Willow Avenue

City

Roseville

State

CA

Zip Code

95678-3232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR218894673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

549.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Douglas C. Wills

Mailing Address 12410 W Auburn Avenue

City

Lakewood

State

CO

Zip Code

80228-4986

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR218914673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bryan T. Buzzard

Mailing Address 3311 E Dartmouth Street

City

Mesa

State

AZ

Zip Code

85213-7046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR218924673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. David L. Aguirre

Mailing Address 7518 S 240 E

City

Midvale

State

UT

Zip Code

84047-2169

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR218934673

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Arthur E. Kess

Mailing Address 12740 Fieldcreek Lane

City

Reno

State

NV

Zip Code

89511-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR21954673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard L. Mucci

Mailing Address 87 Northgate

City

Avon

State

CT

Zip Code

06001-4077

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
EVP, Chairman & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR22041264673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Lee B. Nole

Mailing Address 7689 Tahiti Lane

City

Lake Worth

State

FL

Zip Code

33467-4945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR22074673

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

328.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Bessie Lee

Mailing Address 1210 Dana Avenue

City

Palo Alto

State

CA

Zip Code

94301-3111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR22204673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. John J. Englert

Mailing Address 4948 Saratoga Drive

City

Redding

State

CA

Zip Code

96002-9419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR22234673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard R. Paulsen

Mailing Address 6280 Crooked Stick Circle

City

Stockton

State

CA

Zip Code

95219-1859

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR22254673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

341.67

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Kulbhusan L. Sareen

Mailing Address 405 Darrell Road

City

Hillsborough

State

CA

Zip Code

94010-6709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.22

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR22284673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Mitch D. Rosenberg

Mailing Address 870 Camino El Carrizo

City

Thousand Oaks

State

CA

Zip Code

91360-2324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR22364673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Gideon A. Pell

Mailing Address 61 Holbrook Drive

City

Stamford

State

CT

Zip Code

06906-1514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR2244673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

467.98

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 260

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. James A. Allen

Mailing Address 710 Avery Street

City

South Windsor

State

CT

Zip Code

06074-2303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR224673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Mon-  
thly)**B.**

Full Name (Last, First, Middle Initial)

Mr. Donald G. Presley

Mailing Address 4502 Obispo Avenue

City

Lakewood

State

CA

Zip Code

90712-3647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Life Product Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR22574673

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-  
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Mr. Scott V. Spickler

Mailing Address 10754 Horizon Drive

City

Juneau

State

AK

Zip Code

99801-7625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR22594673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Mon-  
thly)

SUBTOTAL of Receipts This Page (optional) .....

160.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Curtis L. Urling

Mailing Address 155 Botanical Circle

City

Anchorage

State

AK

Zip Code

99515-3680

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR22614673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark Koskovich

Mailing Address 5717 Cavender Drive

City

Plano

State

TX

Zip Code

75093-5966

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR22844673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jonathan R. Jaramillo

Mailing Address 11 Byram Dock Street

City

Greenwich

State

CT

Zip Code

06830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.90

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR22904673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

467.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Chanh Senethavilay

Mailing Address 5247 Sangara Drive

City

North Las Vegas

State

NV

Zip Code

89031-7801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR23004673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Peter Chan

Mailing Address 7805 E Starbright Court

City

Tucson

State

AZ

Zip Code

85750-7048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Life Market & Sales Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR23144673

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Charles J. Altmann

Mailing Address 1829 Barry Avenue

City

Los Angeles

State

CA

Zip Code

90025-5306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR23214673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

143.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Earl S. Prolman

Mailing Address 45 Wood Street

City

Nashua

State

NH

Zip Code

03064-1929

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR234673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jesse Maltzman

Mailing Address 2525 Dunning Drive

City

Yorktown Heights

State

NY

Zip Code

10598-3802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR24054544673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dirk Welzien

Mailing Address 254 Gale Ridge Court

City

San Ramon

State

CA

Zip Code

94582-3000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR24055994673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

416.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Maryann Ingenito

Mailing Address 305 Edinboro Road

City

Staten Island

State

NY

Zip Code

10306-1204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.90

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR2524673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael G. Gallo

Mailing Address 4 Red Mill Lane

City

Darien

State

CT

Zip Code

06820-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.90

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR2584673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Solomon Goldfinger

Mailing Address 14719 70th Avenue

City

Flushing

State

NY

Zip Code

11367-1715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.90

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR2674673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

692.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Penny K. Righthand

Mailing Address 565 Bellevue Avenue Apt. 1002

City

Oakland

State

CA

Zip Code

94610-5038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR2754673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Y. Kim

Mailing Address 240 Park Avenue South  
Apt. 10A

City

New York

State

NY

Zip Code

10003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR28242564673

Amount of Each Receipt this Period

96.00

P/R Deduction (\$48.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Theodore R. Young

Mailing Address 7360 Sierra Drive

City

Granite Bay

State

CA

Zip Code

95746-6957

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR2824673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

229.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Walden J. Rooney

Mailing Address 5 Mountain View Boulevard

City

South Burlington

State

VT

Zip Code

05403-5825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR284673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joel A. Shapiro

Mailing Address 200 E 66th Street Apt. D302

City

New York

State

NY

Zip Code

10065-9188

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR2934673

Amount of Each Receipt this Period

83.33

P/R Deduction (\$83.33 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Leah Fritz

Mailing Address 6122 S 239th Street Apt. R203

City

Kent

State

WA

Zip Code

98032-3814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR29430154673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Douglas Lathrop

Mailing Address 2311 North Utah Street

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Corporate Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR29430674673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael T. Barriere

Mailing Address 69 Stony Hill Path

City

Smithtown

State

NY

Zip Code

11787

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR29430864673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Anthony R. Naylor

Mailing Address 908 Avenue E

City

Billings

State

MT

Zip Code

59102-3320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR30117144673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

349.39

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. John D. Eller III

Mailing Address 808 N Pine Valley Road

City

Winston Salem

State

NC

Zip Code

27106-5509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR30120644673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. John C. Siciliano

Mailing Address 166 East 63rd Street  
#8A

City

New York

State

NY

Zip Code

10065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.10

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR30123314673

Amount of Each Receipt this Period

230.76

P/R Deduction (\$115.38 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jason A. Stockmaster

Mailing Address 6729 N Weatherby Drive

City

Mentor

State

OH

Zip Code

44060-4045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR30213654673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

322.43

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Paul L. De Lisio

Mailing Address 99 Wildflower Lane

City

Shokan

State

NY

Zip Code

12481-5322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR3044673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael M. Oleske

Mailing Address 59 the Neck

City

Manhasset

State

NY

Zip Code

11030-1315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR3084673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Michelle R. Albright

Mailing Address 2006 Sea Palms Drive West

City

St. Simons Island

State

GA

Zip Code

31522-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR31609204673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

168.61

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Kenneth H. Hower

Mailing Address 123 W Houston Avenue

City

Clovis

State

CA

Zip Code

93611-3537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR3194673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Hy Pomerance

Mailing Address 28 Timber Mill Lane

City

Weston

State

CT

Zip Code

06883

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

First Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR34095724673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Stephen W. Baird

Mailing Address 4 Coventry Court

City

Purchase

State

NY

Zip Code

10577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR34096344673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

307.74

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Easterblossom J. Nayagam

Mailing Address 157 E 32nd Street  
#15A

City State Zip Code  
New York NY 10016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR34201174673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Angela K. Kyle

Mailing Address 263 West End Avenue  
#6D

City State Zip Code  
New York NY 10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.64

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR34339024673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gerard A. Rocchi

Mailing Address 789 Mountain Laurel Road

City State Zip Code  
Fairfield CT 06824-2426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.90

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR3514673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

384.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Moshe Lebovits

Mailing Address 6 Israel Zupnick Drive Unit 201

City

Monroe

State

NY

Zip Code

10950-6301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR3534673

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert J. Smith Jr.

Mailing Address 39856 Morningside Drive

City

Rancho Mirage

State

CA

Zip Code

92270-3016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR3664673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ronald Gallina

Mailing Address 64 Elderwood Dr. N

City

St. James

State

NY

Zip Code

11780-3434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR3754673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

391.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Susan K. Reeves

Mailing Address 21482 Montbury Drive

City

Lake Forest

State

CA

Zip Code

92630-6551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR3764673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jules DelVecchio

Mailing Address 4 Sackett Circle

City

Larchmont

State

NY

Zip Code

10538-1002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
First Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR3794673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Salvatore F. Farina

Mailing Address 3 Sunview Court

City

Glen Cove

State

NY

Zip Code

11542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.22

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR3854673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

322.45

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Piero V. Silvestri

Mailing Address 808 Preston Road

City

East Meadow

State

NY

Zip Code

11554-4530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR4004673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard A. Wadsworth

Mailing Address 2211 Chardonay Terrace

City

Parrish

State

FL

Zip Code

34219-1208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR4064673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Kathleen A. Donnelly

Mailing Address 47 Southview Circle

City

Lake Grove

State

NY

Zip Code

11755-2244

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
First Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR4104673

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Edward J. Kaminski

Mailing Address 63 Fern Street

City

Floral Park

State

NY

Zip Code

11001-3207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR4234673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. James N. Glynn

Mailing Address 9301 S Hoyne Avenue

City

Chicago

State

IL

Zip Code

60643-6306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR438034673

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Anthony L. Miller

Mailing Address 1460 S Prairie Avenue

City

Chicago

State

IL

Zip Code

60605-2884

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Second Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR4384673

Amount of Each Receipt this Period

62.50

P/R Deduction (\$31.25 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

239.44

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Bradford L. Meigs

Mailing Address 3 Harvest Lane

City

Hingham

State

MA

Zip Code

02043-4233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR444673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. James O. DeVito

Mailing Address 11 Magpie Circle

City

Walpole

State

MA

Zip Code

02081-4358

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.37

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR448644673

Amount of Each Receipt this Period

76.93

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Craig A. Forman

Mailing Address 5020 W 18th Avenue

City

Kennewick

State

WA

Zip Code

99338-1847

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR448664673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

403.87

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard P. Simonetti

Mailing Address 24 Red Oak Lane

City

Cortlandt Manor

State

NY

Zip Code

10567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR448684673

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kinh-Huu Lam

Mailing Address 535 Darrell Road

City

Hillsborough

State

CA

Zip Code

94010-1832

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Senior Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR448724673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Steven J. Kramer

Mailing Address 755 Soundview Drive

City

Palm Harbor

State

FL

Zip Code

34683

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR448744673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. William Grub

Mailing Address 820 Nettlebrook Lane

City

Alpharetta

State

GA

Zip Code

30004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Zone Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR448754673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Amelia Scott

Mailing Address 139 South Haven Court

City

Macon

State

GA

Zip Code

31210-1744

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.22

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR448804673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Romany S. Abraham

Mailing Address 3350 Hampshire Road

City

Furlong

State

PA

Zip Code

18925-1254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.86

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR448814673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

461.58

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert A. Hodgkiss

Mailing Address 5824 Fairmount Avenue

City

Downers Grove

State

IL

Zip Code

60516-1411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR448914673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. George M. Kay

Mailing Address 300 Ivy Springs Court

City

Waxhaw

State

NC

Zip Code

28173

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR448924673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joseph J. La Pietra

Mailing Address 12601 Split Creek Court

City

North Potomac

State

MD

Zip Code

20878-3999

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR448934673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

384.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mark J. Madgett

Mailing Address 24634 Southeast 9th Place

City

Sammamish

State

WA

Zip Code

98074-3447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.90

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR448954673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jerry B. McKinney

Mailing Address 2601 25th Street Southeast  
Suite 350

City

Salem

State

OR

Zip Code

97302-1283

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.90

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR448964673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Roland Ghazal

Mailing Address 3111 Danielle Court

City

Livermore

State

CA

Zip Code

94550-6888

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR448974673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

615.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Joyce B. Russell

Mailing Address 1005 Fraser Avenue Southeast

City

Huntsville

State

AL

Zip Code

35801-3138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Senior G.O. Agency Standards Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR448984673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth N. Savoie

Mailing Address 205 Worth Avenue

City

Lafayette

State

LA

Zip Code

70508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

815.44

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR448994673

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael F. Scovel

Mailing Address 6397 Shady Oaks Drive

City

Frisco

State

TX

Zip Code

75034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR449004673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

403.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jeff Bacchas

Mailing Address 8 Gregory Court

City

Farmingville

State

NY

Zip Code

11738-4203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR449044673

Amount of Each Receipt this Period

45.00

P/R Deduction (\$22.50 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mehmood N. Daya

Mailing Address 22106 Grand Cove Court

City

Katy

State

TX

Zip Code

77450-8097

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR449054673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Troy K. Holman

Mailing Address 3 Ashwood Lane

City

Malvern

State

PA

Zip Code

19355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR449074673

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

191.94

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Robert P. Mason

Mailing Address 11638 Bristol Chase Drive

City State Zip Code  
 Tampa FL 33626

FEC ID number of contributing federal political committee.

C

Name of Employer  
 New York Life Insurance  
 Company

Occupation  
 Senior Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 1 0

Transaction ID: PR449144673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Scott A. Cleveland

Mailing Address 1233 E Riversong Drive

City State Zip Code  
 Eagle ID 83616-5568

FEC ID number of contributing federal political committee.

C

Name of Employer  
 New York Life Insurance  
 Company

Occupation  
 Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.86

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 1 0

Transaction ID: PR449174673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Elaine Williams

Mailing Address 503 Webster Avenue

City State Zip Code  
 Uniondale NY 11553-1841

FEC ID number of contributing federal political committee.

C

Name of Employer  
 New York Life Insurance  
 Company

Occupation  
 Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 1 0

Transaction ID: PR449204673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

307.74

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mark A. Heck

Mailing Address 500 Cliffwood Avenue  
Apt. #D-9

City State Zip Code  
Matawan NJ 07747-2825

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Financial Analysis Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR449224673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael Gavin

Mailing Address 1114 Cherokee Road

City State Zip Code  
Louisville KY 40204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR455484673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joseph M. Bennett

Mailing Address 1432 Holiday Park Drive

City State Zip Code  
Wantagh NY 11793-2540

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
First Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR4564673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

203.88

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Domenico V. Nuzzi

Mailing Address 21 Chambry Court

City

Freehold

State

NJ

Zip Code

07728-9067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR4584673

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. James P. McNicholas

Mailing Address 32 Kinzley Street

City

Little Ferry

State

NJ

Zip Code

07643-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR467684673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joseph M. Franklin

Mailing Address 33 Round Hill Road

City

Washingtonville

State

NY

Zip Code

10992-2020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR4764673

Amount of Each Receipt this Period

83.33

P/R Deduction (\$83.33 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

258.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard J. Pinkos

Mailing Address 16 Carolyn Terrace

City

Chicopee

State

MA

Zip Code

01020-3543

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR484673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Frances Arricale

Mailing Address 4- 75 48th Avenue  
#806

City

Long Island City

State

NY

Zip Code

11109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR4854673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Victor R. Miranda

Mailing Address 124 Southeast Rio Casarano

City

Port St. Lucie

State

FL

Zip Code

34984-6618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR5014673

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

320.53

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey Leiderman

Mailing Address 8491 Egret Lakes Lane

City

West Palm Beach

State

FL

Zip Code

33412-1526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR5034673

Amount of Each Receipt this Period

83.33

P/R Deduction (\$83.33 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. John F. Di Palermo

Mailing Address 3297 Padilla Way

City

San Jose

State

CA

Zip Code

95148-2746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR5044673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. David R. Tarella

Mailing Address 489 Stage Road

City

Charlton

State

NY

Zip Code

12019-2704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR5094673

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

241.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Brian M. O'Neill

Mailing Address 45 Saint Michaels Terrace

City

Carmel

State

NY

Zip Code

10512-2006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

First Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR5104673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Mary Hallahan

Mailing Address 172 Wayne Avenue

City

River Edge

State

NJ

Zip Code

07661-1106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR5124673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Irving Flamer

Mailing Address 3 Linden Lane

City

Old Westbury

State

NY

Zip Code

11568-1609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR5194673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

237.22

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas P. Shea

Mailing Address 20 Makanna Drive

City

Huntington

State

NY

Zip Code

11743-2935

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

First Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR5274673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Howard Levy

Mailing Address 21 Richard Avenue

City

Sudbury

State

MA

Zip Code

01776

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Senior Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR5344673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert H. Petrocelli Jr.

Mailing Address 10 Byrd Street

City

Rye

State

NY

Zip Code

10580-2407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR5374673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

474.39

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Jeanmarie A. Deliso

Mailing Address 43 Primrose Drive

City

Longmeadow

State

MA

Zip Code

01106-2531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR540194673

Amount of Each Receipt this Period

83.00

P/R Deduction (\$83.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Jenny S. Louie

Mailing Address 7216 267th Street

City

Glen Oaks

State

NY

Zip Code

11004-1022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR540334673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Andrew W. Rawding

Mailing Address 19 Herald Drive

City

Queensbury

State

NY

Zip Code

12804-9187

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR540604673

Amount of Each Receipt this Period

90.00

P/R Deduction (\$45.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

223.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 260

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Douglas A. Schultz

Mailing Address 10222 O'Connell

City

Mokena

State

IL

Zip Code

60448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	0

Transaction ID: PR540664673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Adrian Williams Dovo

Mailing Address 20008 Northwest 85th Avenue

City

Miami

State

FL

Zip Code

33015-6933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	0

Transaction ID: PR540804673

Amount of Each Receipt this Period

83.33

P/R Deduction (\$83.33 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Mary Joanne Petretto

Mailing Address 1468 West Street

City

Guilford

State

CT

Zip Code

06437-1075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	0

Transaction ID: PR542114673

Amount of Each Receipt this Period

65.00

P/R Deduction (\$65.00 Monthly)

SUBTOTAL of Receipts This Page (optional) .....

379.11

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jude A. Watters

Mailing Address 301 Thelma Drive # 415

City

Casper

State

WY

Zip Code

82609-2325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR542234673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Mon-  
thly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Benjamin S. Hadley

Mailing Address 482 Acorn Lane

City

Shelburne

State

VT

Zip Code

05482-6393

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR542254673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Mon-  
thly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Lawrence J. Dyjak

Mailing Address 12 Paso Fino

City

Lemont

State

IL

Zip Code

60439-9748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR542344673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Mon-  
thly)

**SUBTOTAL** of Receipts This Page (optional) .....

166.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Wayne E. Thomas

Mailing Address 29 Cycas

City

Kenner

State

LA

Zip Code

70065-6188

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR542494673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Mon-  
thly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert D. Hartman

Mailing Address 1516 Austrina Pass

City

Austin

State

TX

Zip Code

78732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR542564673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Paul H. Janssen

Mailing Address 316 Iowa Avenue Northwest

City

Orange City

State

IA

Zip Code

51041-1262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR542694673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Mon-  
thly)

**SUBTOTAL** of Receipts This Page (optional) .....

322.45

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Aeramy K. Porter

Mailing Address 8024 Greenbriar Court

City

Wichita

State

KS

Zip Code

67226-1834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR542824673

Amount of Each Receipt this Period

200.00

P/R Deduction (\$200.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Benjamin N. Freedman

Mailing Address 143 Amoretti Street

City

Lander

State

WY

Zip Code

82520-2816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR542864673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Neal L. Waters

Mailing Address 213 Sawtelle Street

City

Henderson

State

NV

Zip Code

89074-5391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR542924673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

291.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Linda G. Hulbert

Mailing Address 1619 Moose Trail  
PO Box 81402

City State Zip Code  
Fairbanks AK 99708-1402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR5444673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael F. Barry

Mailing Address 3 Evergreen Lane

City State Zip Code  
Walpole MA 02081-2142

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR547624673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Antonio DeLeon

Mailing Address 1101 W Annie Street

City State Zip Code  
Austin TX 78704-4110

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR547644673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

**333.34**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Kristen E. Gulbran

Mailing Address 3236 Cascadia Avenue S

City

Seattle

State

WA

Zip Code

98144-7024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR547674673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Todd S. Purich

Mailing Address 6332 Battlevue Drive

City

Raleigh

State

NC

Zip Code

27613-7148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR547684673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey E. Thol

Mailing Address 736 High Street

City

Honesdale

State

PA

Zip Code

18431-1738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR547714673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

541.67

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 260

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Missy Gaynor

Mailing Address 180 Peace Acre Lane

City

Stratford

State

CT

Zip Code

06614-1306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR5574673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Mon-  
thly)**B.**

Full Name (Last, First, Middle Initial)

Mr. Frank Scarpa

Mailing Address 5 Abbington Way

City

Morristown

State

NJ

Zip Code

07960-3314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.22

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR5594673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-  
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Mr. Roberto Recine

Mailing Address 1402 Crestview Drive  
PO Box 512

City

Gwynedd Valley

State

PA

Zip Code

19437-0512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR5614673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

426.31

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Akshay Madan

Mailing Address 775 Oneida Trail

City

Franklin Lakes

State

NJ

Zip Code

07417-2216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.90

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR5654673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael Broderick

Mailing Address 170 Clapboardtree Street

City

Westwood

State

MA

Zip Code

02090-2906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR566154673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey A. Perryman

Mailing Address 270 Spectacular Street

City

Henderson

State

NV

Zip Code

89052-5907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR566174673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

530.78

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. James M. Smith

Mailing Address 6414 Hickorycrest Drive

City

Spring

State

TX

Zip Code

77389-5230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR566284673

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael E. Sproule

Mailing Address 16 Middle Beach Road

City

Madison

State

CT

Zip Code

06443-3053

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.60

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR5704673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jefferson C. Boyce

Mailing Address 28 Inwood Street

City

Yonkers

State

NY

Zip Code

10704-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR575124673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

367.72

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Barbara J. McInerney

Mailing Address 35 Sutton Place  
Apt. 4E

City State Zip Code  
New York NY 10022-2464

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR575134673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. David L. Mussehl

Mailing Address 48 Desert Willow

City State Zip Code  
Irvine CA 92606

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.60

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR575224673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Cheong H. Tsang

Mailing Address 1974 Troy Avenue

City State Zip Code  
Brooklyn NY 11234-3020

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.22

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR575254673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

538.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ralph K. Sklar

Mailing Address 6632 Liggett Drive

City

Oakland

State

CA

Zip Code

94611-3204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR5754673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Marilyn W. Arnold

Mailing Address Box 812  
32 Fieldstone Lane

City

Medford

State

NJ

Zip Code

08055-3515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR575504673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bradley J. Jensen

Mailing Address 1625 Southeast Bristol Drive

City

Waukegan

State

IA

Zip Code

50263

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.22

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR575544673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

357.72

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. William J. Terry, III

Mailing Address 43 Winchester Road

City

Arlington

State

MA

Zip Code

02474-1019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Senior Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR575554673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. David A. Odom

Mailing Address 24719 Bogey Ridge

City

San Antonio

State

TX

Zip Code

78260-4805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR575574673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kevin E. Boland

Mailing Address 3993 Howard Hughes Parkway  
#500

City

Las Vegas

State

NV

Zip Code

89169-6700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR575604673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

461.58

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Eric Cox

Mailing Address 136 Cape May Lane

City

Mount Pleasant

State

SC

Zip Code

29464-6500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Senior Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR575614673

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Hugh J. Smith

Mailing Address 755 Black Plain Road

City

North Smithfield

State

RI

Zip Code

02896

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR575634673

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Francis J. Ok

Mailing Address 18 Robinhood Drive

City

Mountain Lakes

State

NJ

Zip Code

07046-1462

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR575644673

Amount of Each Receipt this Period

500.00

P/R Deduction (\$500.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

695.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas J. Troeller

Mailing Address 12 Crape Myrtle Drive

City

Holmdel

State

NJ

Zip Code

07733-1529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

First Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR5824673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark W. Pfaff

Mailing Address 330 Stockbridge Road

City

Charlotte

State

VT

Zip Code

05445-9356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR5844673

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Nicola Iannitelli

Mailing Address 6732 Falcons Point

City

Victor

State

NY

Zip Code

14564

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR586134673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

538.48

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Frank Lusk

Mailing Address 15185 Wood Duck Trail Northwest

City

Prior Lake

State

MN

Zip Code

55372-3209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Managing Partner

Aggregate Year-to-Date ▼

846.22

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR586154673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bernard J. Zweig

Mailing Address 393 W End Avenue Apt. 9D

City

New York

State

NY

Zip Code

10024-6141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Agent

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR6024673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Scot R. Bradstreet

Mailing Address 19 Cortland Avenue  
PO Box 415

City

Stratham

State

NH

Zip Code

03885-0415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Agent

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR604673

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

580.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jonathan T. Paone

Mailing Address 57 Van Doren Avenue

City

Chatham

State

NJ

Zip Code

07928-2213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Vice President

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR605964673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul M. Holmes

Mailing Address 3200 Beechleaf Court  
Suite 820

City

Raleigh

State

NC

Zip Code

27604-1063

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Managing Partner

Aggregate Year-to-Date ▼

846.22

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR606414673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. John S. Hamel

Mailing Address 184 Perry Avenue

City

Norwalk

State

CT

Zip Code

06850-1137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Corporate Vice President

Aggregate Year-to-Date ▼

480.90

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR611894673

Amount of Each Receipt this Period

96.18

P/R Deduction (\$48.09 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

480.82

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Johnson O. Kho

Mailing Address 110 Westminster Road

City

Scarsdale

State

NY

Zip Code

10583-2425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR6124673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ralph P. Owen

Mailing Address 3317 Highway 63

City

Bloomfield

State

IA

Zip Code

52537-8063

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR613274673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. G. Scott Hayden

Mailing Address 166 Gerald Drive

City

Danville

State

CA

Zip Code

94526-3927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR613284673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

266.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jose A. Narvaez

Mailing Address 3516 34th Street Apt. 6F

City

Long Island City

State

NY

Zip Code

11106-1929

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR613474673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert D. Chrisman

Mailing Address 1200 Post Oak Boulevard Apt. 1202

City

Houston

State

TX

Zip Code

77056-3183

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR613634673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Larry E. Botts

Mailing Address 3015 E Leestown Road

City

Midway

State

KY

Zip Code

40347-9769

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR613774673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

208.35

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Donald E. Lippencott

Mailing Address 10 Hawkins Avenue

City

Setauket

State

NY

Zip Code

11733-3911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR613824673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Allen W. St Amour

Mailing Address 333 Rennie Lake Road

City

Traverse City

State

MI

Zip Code

49686-9311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR613934673

Amount of Each Receipt this Period

83.33

P/R Deduction (\$83.33 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Leslie J. Marsh

Mailing Address PO Box 1792

City

Great Falls

State

MT

Zip Code

59403-1792

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR613964673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

583.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Wei-Sheng Wang

Mailing Address 9 Orchard Way

City

Warren

State

NJ

Zip Code

07059-5060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR614084673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. John W. Riebling

Mailing Address 23 Gentry Drive

City

Long Valley

State

NJ

Zip Code

07853-3605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR614114673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gregory P. Genovese

Mailing Address 14 Woodcutters Lane

City

Cold Spring Harbor

State

NY

Zip Code

11724-1206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR614164673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

333.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Randall D. Hart

Mailing Address 3547 State Route 7

City

New Waterford

State

OH

Zip Code

44445-8719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR614244673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Nayana J. Patel

Mailing Address 438 Princeton Drive

City

Costa Mesa

State

CA

Zip Code

92626-6129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR614324673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Russell F. Bicker

Mailing Address 125 Poplar Forest Drive

City

Slippery Rock

State

PA

Zip Code

16057-8527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR614354673

Amount of Each Receipt this Period

83.33

P/R Deduction (\$83.33 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. John Pereira

Mailing Address 2815 E 10th Street

City

The Dalles

State

OR

Zip Code

97058-4020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR614374673

Amount of Each Receipt this Period

83.33

P/R Deduction (\$83.33 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Alvin R. Barnett

Mailing Address 126 Meadow Street

City

Garden City

State

NY

Zip Code

11530-6600

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR614404673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. John T. Blanks

Mailing Address 1603 Langhorne Road

City

Lynchburg

State

VA

Zip Code

24503-3117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR614444673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

291.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Rodney S. Ferguson

Mailing Address 466 Blackwolf Run Drive

City

Wildwood

State

MO

Zip Code

63040-1571

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR614464673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Mary L. Stockton

Mailing Address 3545 32nd Street

City

San Diego

State

CA

Zip Code

92104-4304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR614494673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. William E. Mahoney Jr.

Mailing Address 936 Intracoastal Drive Apt. 14F

City

Fort Lauderdale

State

FL

Zip Code

33304-3666

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR614673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

466.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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FOR LINE NUMBER: PAGE 160 / 260

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert J. Poindexter

Mailing Address 351 Janie Lane

City

Shreveport

State

LA

Zip Code

71106-6028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR614694673

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul J. Haye

Mailing Address 6475 Dowling Road

City

Perrysburg

State

OH

Zip Code

43551-9514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR614754673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Brian P. Ruh

Mailing Address 23702 W Steinthal Road

City

Kiel

State

WI

Zip Code

53042-4994

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR614854673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

391.67

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 161 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Harvey C. Krautschun Jr.

Mailing Address PO Box 157

City

Spearfish

State

SD

Zip Code

57783-0157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR614864673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark J. McAdams

Mailing Address 2841 Lantana Ridge Drive

City

Austin

State

TX

Zip Code

78732-2007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR614974673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Kathy J. Brown

Mailing Address 1837 Chestwood Drive

City

Virginia Beach

State

VA

Zip Code

23453-7019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR614984673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

141.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Boyd R. Phillips

Mailing Address 14191 Highway 221

City

Marion

State

NC

Zip Code

28752-7552

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR615264673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Mon-  
thly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert Hebron

Mailing Address 231 Wyoming Avenue

City

Maplewood

State

NJ

Zip Code

07040-2013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR6154673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jonathan B. Swaney

Mailing Address 3 Muirfield Road

City

Falmouth

State

ME

Zip Code

04105-1178

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR615664673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

168.61

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 163 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Barry A. Schub

Mailing Address 4 Wren Court

City

Morristown

State

NJ

Zip Code

07960-6346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR615694673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles Rivera

Mailing Address 2401 N Pershing Street

City

Wichita

State

KS

Zip Code

67220-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR6234673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Mon-  
thly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Joann Marling

Mailing Address 218 Niles Street

City

Bakersfield

State

CA

Zip Code

93305-3504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR631864673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Mon-  
thly)

**SUBTOTAL** of Receipts This Page (optional) .....

160.28

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 164 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ronald D. Rapp

Mailing Address #10 Cottonwood Landing  
101 E 4th Street

City State Zip Code  
South Sioux City NE 68776-1761

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR632094673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Julia A. Warren

Mailing Address 78 Crest Drive

City State Zip Code  
South Orange NJ 07079-1037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR6334673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Diane H. Gould

Mailing Address 1102 Prospect Hill Place

City State Zip Code  
Rockville MD 20850-2868

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR6384673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

445.53

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Bernee V. Kapili M.D.

Mailing Address 200 East End Avenue  
Apt. 14G

City State Zip Code  
New York NY 10128-7891

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
First Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR642424673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark E. Arning

Mailing Address 25 Schuyler Avenue

City State Zip Code  
Rockville Center NY 11570-2521

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR642494673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Arthur H. Seter

Mailing Address 1 Merion Drive

City State Zip Code  
Purchase NY 10577-1301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR642664673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

307.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Elizabeth W. McCarthy

Mailing Address 124 College Place

City

South Orange

State

NJ

Zip Code

07079-2506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

First Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.90

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR642734673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Douglas W. Pelz

Mailing Address 2404 E Thomas Hill Drive

City

Coeur D Alene

State

ID

Zip Code

83815-6334

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR645434673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael P. Arnheiter

Mailing Address 1163 Seagrape Lane

City

Sanibel

State

FL

Zip Code

33957-7308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1749.98

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR6454673

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

697.44

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. John A. Foster

Mailing Address 13 Earldom Way

City

Getzville

State

NY

Zip Code

14068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR647204673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert Karmen

Mailing Address 23 Evergreen Parkway

City

Westport

State

CT

Zip Code

06880-2529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR647214673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Tim Mahoney

Mailing Address 1313 Cherry Tree Lane

City

Knoxville

State

TN

Zip Code

37919-8162

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR6494673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

141.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael F. Calafati

Mailing Address 230 Cutleaf Circle

City

Harleysville

State

PA

Zip Code

19438-2443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR652014673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael J. Gordon

Mailing Address 39 East 29th Street  
Apt. 6A

City

New York

State

NY

Zip Code

10016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR652034673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. John P. Curry

Mailing Address 905 Foxhollow Run

City

Alpharetta

State

GA

Zip Code

30004-0959

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.90

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR654354673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

426.31

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Daniel F. Clements

Mailing Address 600 Rosincrest Court

City

San Ramon

State

CA

Zip Code

94582-5079

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR654394673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Brian R. Lescinkas

Mailing Address 9737 E Mount Pleasant Drive

City

Tucson

State

AZ

Zip Code

85749-9357

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.06

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR654484673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kevin Curry

Mailing Address 75 Upland Road

City

New Milford

State

CT

Zip Code

06776-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR654654673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

461.58

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Siamanto B. Maronian

Mailing Address 2111 El Arbolita Drive

City

Glendale

State

CA

Zip Code

91208-1807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR6567614673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Matthew Mundy

Mailing Address 3196 Fieldstone Drive

City

Geneva

State

IL

Zip Code

60134-3508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR6568854673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Anthony R. Malloy

Mailing Address 329 Beechwood Road

City

Ridgewood

State

NJ

Zip Code

07450-2306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.90

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR6584673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

349.39

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Sheila K. Davidson

Mailing Address 45 East Ninth Street  
Apt. 6/7

City State Zip Code  
New York NY 10003-6307

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.90

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR6594673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles W. Morris

Mailing Address 789 Rock Springs Road

City State Zip Code  
Kingsport TN 37664-5265

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR659874673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Victoria C. Vilaret

Mailing Address 21 81st Avenue

City State Zip Code  
Treasure Island FL 33706-5212

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
First Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR660214673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

364.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Helen M. Napoli

Mailing Address 2 Oxford Road

City

North Caldwell

State

NJ

Zip Code

07006-4216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR660254673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Nathan W. Fincher

Mailing Address 206 Casting Street Southeast

City

Albany

State

OR

Zip Code

97322-7347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Development Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR660264673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Leonard J. Mackesy

Mailing Address 8 Hillside Avenue

City

Kearny

State

NJ

Zip Code

07032-1633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Corporate Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR660274673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

253.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ronald O. McCombs

Mailing Address 1663 Baywood Drive

City

Concord

State

CA

Zip Code

94521-1252

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Senior Director of Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR670034673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Susan A. Thrope

Mailing Address 56 Random Farms Drive

City

Chappaqua

State

NY

Zip Code

10514-1015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR670734673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Pettus C. Gibbons

Mailing Address 4028 Dorris Road

City

Irving

State

TX

Zip Code

75038-4003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.96

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR670894673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

253.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. George E. Silos

Mailing Address 385 Larch Avenue

City

Bogota

State

NJ

Zip Code

07603-1056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.50

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR6714673

Amount of Each Receipt this Period

57.70

P/R Deduction (\$28.85 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph J. Hogan

Mailing Address 8448 Eagle Preserve Way

City

Sarasota

State

FL

Zip Code

34241-9449

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Corporate Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR672614673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kim R. Crossman

Mailing Address PO Box 205

City

South Deerfield

State

MA

Zip Code

01373-0205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR674673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

149.37

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Donna J. Caruso

Mailing Address 5253 Willow Court

City

Cape Coral

State

FL

Zip Code

33904-5664

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR6784673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Mon-  
thly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Christopher J. Viveiros

Mailing Address 12 Jacobs Point Road

City

Warren

State

RI

Zip Code

02885

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.86

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR691854673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. John T. Baier

Mailing Address 12 Skytop Drive

City

Denville

State

NJ

Zip Code

07834-9542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.60

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR6924673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

349.39

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Izhak Asher

Mailing Address 29 Center Drive

City

Roslyn

State

NY

Zip Code

11576-1445

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR694574673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lloyd Pomerantz

Mailing Address 57 Marion Avenue

City

Merrick

State

NY

Zip Code

11566-3109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR694594673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Harris E. Kagan

Mailing Address 1608 Pandora Avenue

City

Los Angeles

State

CA

Zip Code

90024-6114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR694624673

Amount of Each Receipt this Period

83.33

P/R Deduction (\$83.33 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ari Fischman

Mailing Address 22920 Coventry Woods Lane

City

Southfield

State

MI

Zip Code

48034-2108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR694634673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Steven M. Bumera

Mailing Address 1617 Dumont Terrace

City

Wall Township

State

NJ

Zip Code

07719-3846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR694704673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Leonard H. Isaacs

Mailing Address 66 Boulder Ridge Road

City

Scarsdale

State

NY

Zip Code

10583-3150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR694714673

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

183.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Todd L. Middleton

Mailing Address 1203 15th Avenue N

City

Jax Beach

State

FL

Zip Code

32250-3635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR694994673

Amount of Each Receipt this Period

83.33

P/R Deduction (\$83.33 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Henry H. Cobb III

Mailing Address 8218 Longneedle Drive

City

Montgomery

State

AL

Zip Code

36117-5125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR695084673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Chad W. Franks

Mailing Address 211 Commentry Lane

City

Little Rock

State

AR

Zip Code

72223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR695104673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

210.27

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles N. Bombet

Mailing Address 1370 Ashland Drive

City

Baton Rouge

State

LA

Zip Code

70806-7836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR695124673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey M. Fitzpatrick

Mailing Address 103 Prospect Avenue

City

Waterloo

State

IA

Zip Code

50703-4241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR695294673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gary Myers

Mailing Address 10825 Southwest 83rd Terrace

City

Augusta

State

KS

Zip Code

67010-8025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR695434673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

375.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Brandon R. Paulseen

Mailing Address 2816 N Tallgrass Street

City

Wichita

State

KS

Zip Code

67226-1815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR695444673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Peter De La Rambelje

Mailing Address 3198 W Windwalker Place

City

Tucson

State

AZ

Zip Code

85742-5300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR695584673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Berge A. Borrevik Jr.

Mailing Address 10727 N Elma Drive

City

Spokane

State

WA

Zip Code

99218-2432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR695594673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

300.01

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 / 260

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Marc A. Bregman

Mailing Address 11701 E Kettleman Lane

City

Lodi

State

CA

Zip Code

95240-9707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	1	0

Transaction ID: PR695704673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Mo-  
nthly)**B.**

Full Name (Last, First, Middle Initial)

Mr. Milo A. Abadilla

Mailing Address 3308 Moncucco Court

City

San Jose

State

CA

Zip Code

95148-4348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	1	0

Transaction ID: PR695834673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Mon-  
thly)**C.**

Full Name (Last, First, Middle Initial)

Ms. Leslie C. Griffin

Mailing Address 1301 North Courthouse Road  
Unit 906

City

Arlington

State

VA

Zip Code

22201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	1	0

Transaction ID: PR696394673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

368.61

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Bik Y. Tsang

Mailing Address 1974 Troy Avenue

City

Brooklyn

State

NY

Zip Code

11234-3020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR7004673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Chu Ling Hsiao

Mailing Address 19701 Northampton Drive

City

Saratoga

State

CA

Zip Code

95070-3333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR706754673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. William F. Leisman III

Mailing Address 4 Orchard Avenue

City

Weston

State

MA

Zip Code

02493-2219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR706804673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joseph L. Di Bella

Mailing Address 19 Brookhaven Lane

City

East Greenbush

State

NY

Zip Code

12061-4230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR706874673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joel I. Steele

Mailing Address 22 Belmont Circle

City

Columbus

State

NJ

Zip Code

08022-9714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR707004673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. John A. Christopher

Mailing Address 8251 Pembridge Avenue

City

Woodridge

State

IL

Zip Code

60517-7733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR707084673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

333.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Philbert J. Demarie

Mailing Address 24 Woodvine Court

City

Covington

State

LA

Zip Code

70433-4724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR707094673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey C. Williams

Mailing Address 317 Sharondale Drive

City

El Paso

State

TX

Zip Code

79912-4257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR707114673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Glenn R. Jagodzinske

Mailing Address 6623 Southwest Gisbourne Court

City

Topeka

State

KS

Zip Code

66614-4455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR707134673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

341.67

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 185 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joe K. Lau

Mailing Address 11278 E Del Golfo

City

Yuma

State

AZ

Zip Code

85367-8959

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR707164673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael D. D. Dixon

Mailing Address 5055 Pathfinder Avenue

City

Oak Park

State

CA

Zip Code

91377-4704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR707184673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Donald G. Wilson

Mailing Address 510 Lane Street Apt. 903

City

Anchorage

State

AK

Zip Code

99501-1961

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR707204673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gregory W. Holmgren

Mailing Address 5826 Edinburgh Street

City

Dallas

State

TX

Zip Code

75252

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Zone Life Sales Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR707284673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lee A. Kitzenberg

Mailing Address 5814 Vernon Lane

City

Edina

State

MN

Zip Code

55436-2250

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR712604673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Mon-  
thly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ronald F. Walker

Mailing Address 1575 Fairway Drive

City

Los Altos

State

CA

Zip Code

94024-5342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR712624673

Amount of Each Receipt this Period

200.00

P/R Deduction (\$200.00 Mo-  
nthly)

**SUBTOTAL** of Receipts This Page (optional) .....

360.28

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 187 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. William Van Winkle

Mailing Address 41 Breezy Point Road

City

Little Silver

State

NJ

Zip Code

07739-1703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR7174673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael Gisonda

Mailing Address 2402 Northwest 36th Street

City

Boca Raton

State

FL

Zip Code

33431-5415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR717544673

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael C. Shock

Mailing Address 21 Rebecca Lane

City

Conway

State

AR

Zip Code

72034-4961

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR717614673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Heedo Han

Mailing Address 148 S Maple Drive

City

Beverly Hills

State

CA

Zip Code

90212-3381

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR717664673

Amount of Each Receipt this Period

83.33

P/R Deduction (\$83.33 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. George R. Shadie

Mailing Address Sand Springs  
57 Teaberry Drive

City

Drums

State

PA

Zip Code

18222-2051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR7244673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey Varsa

Mailing Address 19 Alba Road

City

Wellesley

State

MA

Zip Code

02481-4802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR725184673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Daniel Stoll

Mailing Address 16 Kingston Circle

City

Lockport

State

NY

Zip Code

14094-5606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR725194673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Raouf S. Salib

Mailing Address 1221 Mill Creek Road

City

Flint

State

MI

Zip Code

48532-2348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR725294673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joseph A. Fulkerson

Mailing Address 1302 Pellow Circle Trail

City

Herndon

State

VA

Zip Code

20170-2423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR725314673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

266.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Rollin G. Radwick

Mailing Address 18212 85th Place W

City

Edmonds

State

WA

Zip Code

98026-5314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR725364673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Christopher O. Blunt

Mailing Address 9 Yarmouth Road

City

Rowayton

State

CT

Zip Code

06853-1842

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.90

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR729574673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Scott L. Lenz

Mailing Address 41 Bellevue Avenue

City

Summit

State

NJ

Zip Code

07901-2007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
First Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.82

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR729594673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

357.72

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 191 / 260

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. John M. Hayes

Mailing Address 7 Sun Valley Way

City

Long Valley

State

NJ

Zip Code

07853-3038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR729604673

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stuart L. Ashton

Mailing Address 173 Washington Valley Road

City

Morristown

State

NJ

Zip Code

07960-3340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR734484673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Edward J. Fitzgerald

Mailing Address 121 Stratford Road

City

West Hempstead

State

NY

Zip Code

11552-1723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR734554673

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

216.94

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Randy K. Cox

Mailing Address 541 Oak Grove Road

City

Chesapeake

State

VA

Zip Code

23320-3723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.22

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR734624673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Fredric V. Collins

Mailing Address 1713 Monk Place

City

Mount Pleasant

State

SC

Zip Code

29466-7016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR734634673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Scott G. Ayers

Mailing Address 15857 Viking Lair Road

City

Westfield

State

IN

Zip Code

46074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR734654673

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

407.72

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gregory T. Yopez

Mailing Address 6 Calle Vallecitos

City

Tijeras

State

NM

Zip Code

87059-7870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR734674673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kevin L. Baumberger

Mailing Address 11715 N 178th Circle

City

Bennington

State

NE

Zip Code

68007-5742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR734704673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Scott L. Berlin

Mailing Address 22 Jerome Road

City

Syosset

State

NY

Zip Code

11791-3207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.84

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR734714673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

538.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Scott E. Stone

Mailing Address 5744 Red Oak Drive

City

Hoffman Estates

State

IL

Zip Code

60192

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR734754673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Gayl Thomas

Mailing Address 3044 Ten Mile Drive

City

Sparks

State

NV

Zip Code

89436-7027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Corporate Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR734814673

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Irwin Silber

Mailing Address 104 McNamara Road

City

Spring Valley

State

NY

Zip Code

10977-1406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR734944673

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

208.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard M. Walsh

Mailing Address 32 Hilltop Road

City

Waccabuc

State

NY

Zip Code

10597-1003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR735034673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lindsay J. Malkiewich

Mailing Address 7 Bent Birch Place

City

Parsippany

State

NJ

Zip Code

07054-2215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR735044673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. John F. Horwitz

Mailing Address 168 Upland Road

City

Sharon

State

MA

Zip Code

02067-1749

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Senior Director of Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR741584673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas G. Young

Mailing Address 10300 Salida Drive

City

Austin

State

TX

Zip Code

78749-6918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR741864673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Peter J. McAvinn

Mailing Address 49 Fiske Road

City

Wellesley

State

MA

Zip Code

02481-3423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.90

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR744673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Larry K. Oxenberg

Mailing Address 135 Andrea Road

City

Cheltenham

State

PA

Zip Code

19012-1311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR7454673

Amount of Each Receipt this Period

54.00

P/R Deduction (\$54.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

334.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mark P. Cereghino

Mailing Address 34 Algonquin Wood Place

City

Saint Louis

State

MO

Zip Code

63122-2013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR747194673

Amount of Each Receipt this Period

83.33

P/R Deduction (\$83.33 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bruce J. Cumby

Mailing Address 816 Ellis Avenue

City

Newtown Sq

State

PA

Zip Code

19073-3906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR7474673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. John M. Angiulli

Mailing Address 1059 Old Orchard Drive

City

Gibsonia

State

PA

Zip Code

15044-6081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR7484673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Barbara N. Filippelli

Mailing Address 5170 Dove Point Lane

City

Salisbury

State

MD

Zip Code

21801-1273

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR7494673

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Tema L. Steele

Mailing Address 4 Paige Court

City

Cherry Hill

State

NJ

Zip Code

08002-2817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR7644673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael T. Piotrowicz

Mailing Address 504 Anthony Drive

City

Plymouth Meeting

State

PA

Zip Code

19462-1040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR7774673

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

726.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Edward W. Colello

Mailing Address 42 Scenic Ridge Drive

City

Brewster

State

NY

Zip Code

10509-4303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR784673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey A. Morrison

Mailing Address 1451 Radbill Circle

City

Berwyn

State

PA

Zip Code

19312-2502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR7964673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joseph A. Auteri

Mailing Address 2515 Garrett Road

City

Drexel Hill

State

PA

Zip Code

19026-1010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR7974673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

410.28

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. John J. Rocco

Mailing Address 16 Midland Road

City

Lynnfield

State

MA

Zip Code

01940-1265

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR804673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Terrence L. Wolf

Mailing Address 119 Great Circle Road

City

Landenberg

State

PA

Zip Code

19350-9110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR8174673

Amount of Each Receipt this Period

83.33

P/R Deduction (\$83.33 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gilbert A. Ridgely Jr.

Mailing Address 314 Mannering Drive

City

Dover

State

DE

Zip Code

19901-5407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR8194673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

416.67

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ronald D. Jones

Mailing Address 1261 Lake Vue Drive

City

Butler

State

PA

Zip Code

16002-7625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR8384673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Larry Weatherford

Mailing Address 106 S Norfolk Way

City

Goose Creek

State

SC

Zip Code

29445-7103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR842144673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert P. Ducato

Mailing Address 10 Franklin Street

City

Westfield

State

NY

Zip Code

14787-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR8434673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

141.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Cynthia J. Guldry

Mailing Address 2026 Yonkee Drive

City

Windsor

State

CO

Zip Code

80550-4685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR849074673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bernard F. Zaleski

Mailing Address 9461 Cross Creek Circle

City

Wichita

State

KS

Zip Code

67206-4063

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR849184673

Amount of Each Receipt this Period

83.33

P/R Deduction (\$83.33 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. David A. Herlicka

Mailing Address 12 Knoll Crest Drive

City

Bedford

State

NH

Zip Code

03110-6041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR849234673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

333.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Frank J. Feola

Mailing Address 6039 Walden Court

City

Mentor

State

OH

Zip Code

44060-2221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR849264673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael S. Anderson

Mailing Address 29002 Acanthus Court

City

Agoura

State

CA

Zip Code

91301-1629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR849274673

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Hershey Mittelman

Mailing Address 1219 56th Street

City

Brooklyn

State

NY

Zip Code

11219-4560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR849304673

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Jennifer Leisman

Mailing Address 19 Holyoke Street Apt. 2

City

Boston

State

MA

Zip Code

02116-5855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR849554673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Mon-  
thly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Irving A. Rose

Mailing Address 3 Tree Hollow Lane

City

Dix Hills

State

NY

Zip Code

11746-6315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR849624673

Amount of Each Receipt this Period

83.33

P/R Deduction (\$83.33 Mon-  
thly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Edward S. Ritchie

Mailing Address 1775 Beacon Street

City

Waban

State

MA

Zip Code

02468-1402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR853164673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Mon-  
thly)

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jenkins Mikell III

Mailing Address 8 Lord Nelson Court

City

Columbia

State

SC

Zip Code

29209-1910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR853184673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. David L. Johnson

Mailing Address 27694 Highway 30

City

Glidden

State

IA

Zip Code

51443-8807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR853194673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. David L. Towry, Sr.

Mailing Address 574 Harbortown Court Southeast

City

Salem

State

OR

Zip Code

97306-9355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR853224673

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

208.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 206 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Phillip R. Whitehead

Mailing Address 145 Woodland Greens Drive

City

Brandon

State

MS

Zip Code

39047-8773

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR853254673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. John T. Richards

Mailing Address 5801 Papaya Place Northeast

City

Albuquerque

State

NM

Zip Code

87111-6223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR853264673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Brian J. Winter

Mailing Address 1513 Oxford Road

City

Wantagh

State

NY

Zip Code

11793-2445

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR853274673

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

275.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. David E. Lynch

Mailing Address 3901 Custis Road

City

Richmond

State

VA

Zip Code

23225-1105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR853294673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Lydia O. Patricio

Mailing Address 2627 Alemany Boulevard

City

San Francisco

State

CA

Zip Code

94112-4101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR853304673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gregory Wong

Mailing Address 8318 State Route 302 Northwest

City

Gig Harbor

State

WA

Zip Code

98329-8666

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR853324673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

258.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Romeo J. Lazzarone

Mailing Address 2940 Blue Grouse Court

City

Reno

State

NV

Zip Code

89509-7064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR853404673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Christopher W. Fullbright

Mailing Address 3422 John Simpson Trail

City

Austin

State

TX

Zip Code

78732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.78

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR853424673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael P. Lackey

Mailing Address 25 Zaitz Farm Road

City

Princeton Junction

State

NJ

Zip Code

08850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR853504673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

349.39

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 209 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Paul T. Pasteris

Mailing Address 534 Farm Road

City

Fayston

State

VT

Zip Code

05673-7258

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR853514673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joel M. Steinberg

Mailing Address 44 Spruce Street

City

Princeton Junction

State

NJ

Zip Code

08550-2019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR8554673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Shauna L. Soper

Mailing Address 11855 Villa Creek Avenue

City

Baton Rouge

State

LA

Zip Code

70810-7341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR856674673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

349.39

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas F. English

Mailing Address 27 Hedge Brook Lane

City

Stamford

State

CT

Zip Code

06903-2029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR8634673

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. David R. Walsh

Mailing Address 150 Vista Grande

City

Greenbrae

State

CA

Zip Code

94904-1135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR864673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Scott F. Della Penna

Mailing Address 9541 Purcell Drive

City

Potomac

State

MD

Zip Code

20854-4500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.54

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR8674673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

497.45

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. John J. O'Gara

Mailing Address 8 Rock Ridge Court

City

New Fairfield

State

CT

Zip Code

06812-3300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

First Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.54

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR870914673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas S. McArdle

Mailing Address 10 Boyd Road

City

Hazlet

State

NJ

Zip Code

07730-1461

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR871014673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael G. Dubrow

Mailing Address 181 East 90th Street  
Apt. 8C

City

New York

State

NY

Zip Code

10128-2389

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.80

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR871094673

Amount of Each Receipt this Period

46.16

P/R Deduction (\$23.08 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

353.88

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Wayne J. Francingues Jr.

Mailing Address 2408 Fagot Avenue

City

Metairie

State

LA

Zip Code

70001-4209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR871324673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Bernadette Hoban

Mailing Address 6821 Bliss Terrace

City

Brooklyn

State

NY

Zip Code

11220-5010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR871404673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth J. Hittel

Mailing Address 250 W 90th Street  
Apt. 10H

City

New York

State

NY

Zip Code

10024-1142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR8724673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

195.55

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 213 / 260

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Alison H. Micucci

Mailing Address 16 Munsey Road

City

Emerson

State

NJ

Zip Code

07630-1512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Senior Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR875594673

Amount of Each Receipt this Period

60.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Tony H. Elavia

Mailing Address 12 Windsor Court

City

Purchase

State

NY

Zip Code

10577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Senior Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR875824673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Roy E. Stachnik

Mailing Address 326 Main Street Suite 230

City

Grand Junction

State

CO

Zip Code

81501-2476

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR880604673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Mo-  
nthly)

**SUBTOTAL** of Receipts This Page (optional) .....

380.53

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 214 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jason M. Apolenis

Mailing Address 12810 Navigators Lane

City

Gaithersburg

State

MD

Zip Code

20878-6115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR880634673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard C. Schwartz

Mailing Address 744 High Woods Drive

City

Franklin Lakes

State

NJ

Zip Code

07417-2272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR880654673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Christopher B. Stokes

Mailing Address 3657 Patuxent River Road

City

Davidsonville

State

MD

Zip Code

21035-2422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR8834673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

445.53

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Milton A. Dugger Jr.

Mailing Address 904 Dartmouth Road

City

Baltimore

State

MD

Zip Code

21212-3225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR8844673

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Robin M. Wahby

Mailing Address 385 Royal Tern Rd. S

City

Ponte Vedra

State

FL

Zip Code

32082-6209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR8884673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. David B. Agee

Mailing Address 580 Twinwood Loop

City

Roseville

State

CA

Zip Code

95678-5978

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR890364673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

295.53

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 216 / 260

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Xavier J. Decaire

Mailing Address 8 Pacer Court

City

Newark

State

DE

Zip Code

19711-2414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	1	0

Transaction ID: PR8904673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Mon-  
thly)**B.**

Full Name (Last, First, Middle Initial)

Mr. Dustin Aiguier

Mailing Address PO Box 194

City

South Yarmouth

State

MA

Zip Code

02664-0194

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	1	0

Transaction ID: PR890724673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Mo-  
nthly)**C.**

Full Name (Last, First, Middle Initial)

Ms. Arphiela Arizmendi

Mailing Address 12 Prince Henry Drive

City

Randolph

State

NJ

Zip Code

07869-1257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	1	0

Transaction ID: PR893874673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

285.28

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 217 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Karen E. Stawicki

Mailing Address 14976 Venado Drive

City

Rncho Murieta

State

CA

Zip Code

95683-9323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR894673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Christopher Battersby

Mailing Address 51 Mitchell Road

City

Holliston

State

MA

Zip Code

01746-2469

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR897664673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas E. Bello

Mailing Address 7853 Sadsbury Drive

City

West Bloomfield

State

MI

Zip Code

48322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.54

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR898774673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

647.45

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 218 / 260

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Toby Bishop

Mailing Address 117 50th Avenue E

City

West Fargo

State

ND

Zip Code

58078-8247

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR900654673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-  
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Mr. Simon Bloomfield

Mailing Address 2091 Main Street

City

Brewster

State

MA

Zip Code

02631-1819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR901524673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Mon-  
thly)**C.**

Full Name (Last, First, Middle Initial)

Mr. Edward H. Bobbitt

Mailing Address 2024 Southwest 2nd Avenue

City

Okeechobee

State

FL

Zip Code

34974-6103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR901614673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Mon-  
thly)

SUBTOTAL of Receipts This Page (optional) .....

278.87

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jesse Bond

Mailing Address 603 Northwest 127th Street

City

Seattle

State

WA

Zip Code

98177-4238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR902184673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Andrew J. Bondar

Mailing Address 3693 Halter Court

City

Sacramento

State

CA

Zip Code

95821-3267

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR902194673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert Ostberg

Mailing Address 48 Greenleaf Drive

City

Northampton

State

MA

Zip Code

01062-9768

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR904673

Amount of Each Receipt this Period

200.00

P/R Deduction (\$200.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

491.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 220 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. William M. Weimer

Mailing Address 7234 Hanover Grove Lane

City

Mechanicsville

State

VA

Zip Code

23111-5633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR9064673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Tamara J. Burke

Mailing Address 2103 12th Avenue

City

Belle Fourche

State

SD

Zip Code

57717-2211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR907094673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mark A. Campellone

Mailing Address 61 Reed Dr. S

City

Princeton Junction

State

NJ

Zip Code

08550-2014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR908924673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

341.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 221 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Carroll D. Carson Jr.

Mailing Address 689 Forrest Haven Court

City

Greenville

State

SC

Zip Code

29609-6522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR910314673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Timothy C. Carter

Mailing Address 4945 Stonehaven Drive

City

Yorba Linda

State

CA

Zip Code

92887-2635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR910534673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Daniel C. Caswell

Mailing Address 3008 Durban Court

City

Round Rock

State

TX

Zip Code

78664-6226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR911034673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

333.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 222 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Felix S. Chu

Mailing Address 11 Mercury Court

City

Pleasant Hill

State

CA

Zip Code

94523-2167

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR914424673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Mon-  
thly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Rosanne S. Gentile

Mailing Address 606 S Payne Street

City

Alexandria

State

VA

Zip Code

22314-3928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR9174673

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Mon-  
thly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Clint G. Cornette

Mailing Address 1505 Country Club Road

City

Wilmington

State

NC

Zip Code

28403-4818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR917974673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Mon-  
thly)

**SUBTOTAL** of Receipts This Page (optional) .....

200.01

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 223 / 260

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. David K. Cote

Mailing Address 20 Driscoll Road

City

Selah

State

WA

Zip Code

98942-9316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	0

Transaction ID: PR918294673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Mon-  
thly)**B.**

Full Name (Last, First, Middle Initial)

Mr. Gordon E. Parker Jr.

Mailing Address 422 Discovery Road

City

Virginia Beach

State

VA

Zip Code

23451-2157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	0

Transaction ID: PR9184673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Mo-  
nthly)**C.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey A. Czerwinski

Mailing Address 40120 Calle De Suenos

City

Murrieta

State

CA

Zip Code

92562-8976

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	0

Transaction ID: PR920674673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Mon-  
thly)

SUBTOTAL of Receipts This Page (optional) .....

250.01

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 224 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael T. Damon

Mailing Address 9 Little Tree Road

City

Medway

State

MA

Zip Code

02053-6131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR921144673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Scott K. McGuire

Mailing Address 1983 Woodlake Drive

City

Benton

State

LA

Zip Code

71006-9305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR9214673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Laura M. Day

Mailing Address 121 Saint Regis Drive

City

Newark

State

DE

Zip Code

19711-3822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR922334673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

341.67

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 225 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Lee R. Dean

Mailing Address 10 Butler Road

City

Sudbury

State

MA

Zip Code

01776-1514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR922624673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Mon-  
thly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Brian P. Doherty

Mailing Address 3056 New Williamsburg Drive

City

Schenectady

State

NY

Zip Code

12303-5336

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR925774673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kevin Doyle

Mailing Address 589 Atwells Avenue Suite 3H

City

Providence

State

RI

Zip Code

02909-7402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR926874673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Mon-  
thly)

**SUBTOTAL** of Receipts This Page (optional) .....

201.95

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 226 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. James W. Tait

Mailing Address 13618 Basket Ring Court

City

Gainesville

State

VA

Zip Code

20155-3025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR9274673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Walker R. Ellis Jr.

Mailing Address 650 Northwest 48th Avenue

City

Coconut Creek

State

FL

Zip Code

33063-4637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR929494673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Zach J. Engraff

Mailing Address 3450 Newland Street

City

Wheat Ridge

State

CO

Zip Code

80033-6400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR929954673

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

166.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. A. David Erland

Mailing Address 23813 Northeast 27th Street

City

Sammamish

State

WA

Zip Code

98074-5485

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Senior Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR930194673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Filemon Esquivel Jr.

Mailing Address 629 E Kenedy Avenue

City

Kingsville

State

TX

Zip Code

78363-5774

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR930504673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. David Felte

Mailing Address 1434 Gregory Court

City

Rohnert Park

State

CA

Zip Code

94928-4805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR932144673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

237.20

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 / 260

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Terry G. Fenwick

Mailing Address 2309 Stannye Drive

City

Louisville

State

KY

Zip Code

40222-6351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	0

Transaction ID: PR932184673

Amount of Each Receipt this Period

83.33

P/R Deduction (\$83.33 Mon-  
thly)**B.**

Full Name (Last, First, Middle Initial)

Mr. Theodore A. Mathas

Mailing Address 14 Cole Drive

City

Armonk

State

NY

Zip Code

10504-3011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Chairman, President & Ceo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	0

Transaction ID: PR9324673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-  
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Mr. Nathan Fincham

Mailing Address 2462 Northwest Summerhill Drive

City

Bend

State

OR

Zip Code

97701-5290

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	0

Transaction ID: PR933044673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Mon-  
thly)

SUBTOTAL of Receipts This Page (optional) .....

355.78

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 229 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Cindi R. Fox

Mailing Address 1114 Sunset Drive

City

Kimberly

State

WI

Zip Code

54136-1234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Senior Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR934874673

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ryan A. Frame

Mailing Address 536 Bonerwood Drive

City

Nashville

State

TN

Zip Code

37211-5274

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR934974673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. James C. Franson

Mailing Address 36135 N Eagle Court

City

Ingleside

State

IL

Zip Code

60041-9551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR935314673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

237.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 230 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Jane L. Hamrick

Mailing Address 531 East 88th  
3C

City State Zip Code  
New York NY 10128-7737

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR9354673

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Zacharias Fthenakis

Mailing Address 99 Whistler Road

City State Zip Code  
Manhasset NY 11030-2839

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR936134673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Eduardo L. Garcia

Mailing Address 5626 Ocean Drive

City State Zip Code  
Crp Christi TX 78412-2752

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR937314673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

143.34

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 231 / 260

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kevin Garron

Mailing Address 2 Linda Lane

City

Edison

State

NJ

Zip Code

08820-1190

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	0

Transaction ID: PR937794673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Mon-  
thly)**B.**

Full Name (Last, First, Middle Initial)

Mr. Nicholas A. Garry

Mailing Address 12 S Riverview Heights

City

Sioux Falls

State

SD

Zip Code

57105-0252

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	0

Transaction ID: PR937824673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Mon-  
thly)**C.**

Full Name (Last, First, Middle Initial)

Mr. F. Courtney Hoge

Mailing Address 3027 Golf Colony Drive

City

Salem

State

VA

Zip Code

24153-6833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	0

Transaction ID: PR9384673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Mon-  
thly)

SUBTOTAL of Receipts This Page (optional) .....

166.68

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 232 / 260

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Troy E. Glover

Mailing Address 7201 Ranch Road 2222  
3310City State Zip Code  
Austin TX 78730FEC ID number of contributing  
federal political committee.**C**Name of Employer  
New York Life Insurance  
CompanyOccupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	1	0

Transaction ID: PR939854673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-  
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Ms. Millicent Gordon-Woodman

Mailing Address 819 Coolidge Street

City State Zip Code  
Plainfield NJ 07062-2151FEC ID number of contributing  
federal political committee.**C**Name of Employer  
New York Life Insurance  
CompanyOccupation  
Administrator-Office of President & Ce

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	1	0

Transaction ID: PR941054673

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-  
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Mr. Jerome C. Prentice

Mailing Address 6003 Wilmington Drive

City State Zip Code  
Burke VA 22015-3823FEC ID number of contributing  
federal political committee.**C**Name of Employer  
New York Life Insurance  
CompanyOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	1	0

Transaction ID: PR9424673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Mon-  
thly)

SUBTOTAL of Receipts This Page (optional) .....

237.20

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 233 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Sidney G. Halpern

Mailing Address 8 Pebblebrook Lane

City

Moreland Hills

State

OH

Zip Code

44022-2380

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR945084673

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Mary Lou Hamill

Mailing Address 183 Biltmore Drive

City

North Barrington

State

IL

Zip Code

60010-2001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR945264673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. George O. Hudspeth

Mailing Address 8482 Oak Meadow Drive

City

Beaumont

State

TX

Zip Code

77706-3700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR953064673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

183.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 234 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Stanley O. Hunter

Mailing Address 28 Westminster Court

City

New Rochelle

State

NY

Zip Code

10801-3107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR953734673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Brian M. Hutt

Mailing Address 3848 Braveheart Drive

City

Frederick

State

MD

Zip Code

21704-7739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR954004673

Amount of Each Receipt this Period

83.33

P/R Deduction (\$83.33 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Justin M. Iverson

Mailing Address 14675 Southwest Sage Drive

City

Powell Butte

State

OR

Zip Code

97753-1718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR955024673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 235 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gerald S. Jackson

Mailing Address 2629 Northwest 3 Sisters Drive

City

State

Zip Code

Bend

OR

97701-5608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR955204673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bradley D. Johnson

Mailing Address 5855 Elkhorn Lane

City

State

Zip Code

Santa Maria

CA

93455-6000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR957294673

Amount of Each Receipt this Period

83.33

P/R Deduction (\$83.33 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Wendy C. Katanick

Mailing Address 3993 27th Avenue N

City

State

Zip Code

St. Petersburg

FL

33713-3423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR960604673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

291.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 236 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. David F. Keefe

Mailing Address 116 Mill Street

City

Newton Center

State

MA

Zip Code

02459-1127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR961144673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard G. Kelly

Mailing Address 32 Marlboro Street

City

Norwood

State

MA

Zip Code

02062-1212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR961564673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Tom Klotz

Mailing Address 70 Verde Street

City

Kenner

State

LA

Zip Code

70065-1029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR963844673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

183.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 237 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Patrick T. Klozik

Mailing Address 200 H Blank Road

City

Shiner

State

TX

Zip Code

77984-5342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR963854673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Mon-  
thly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gerald F. Hall

Mailing Address 15 Fieldstone Drive

City

Westport

State

MA

Zip Code

02790-2634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR964673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Mon-  
thly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Iris Kozak

Mailing Address 14104 Skye Terrace

City

Delray Beach

State

FL

Zip Code

33446-3384

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR965194673

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Mon-  
thly)

**SUBTOTAL** of Receipts This Page (optional) .....

185.01

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 238 / 260

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. James E. Adkins Jr.

Mailing Address 10200 Wendover Drive

City

Vienna

State

VA

Zip Code

22181-2960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	0

Transaction ID: PR9654673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Mo-  
nethly)**B.**

Full Name (Last, First, Middle Initial)

Mr. Jason Leonard

Mailing Address 84 Minton Lane

City

West Barnstable

State

MA

Zip Code

02668-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Senior Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	0

Transaction ID: PR970484673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-  
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Mr. Christopher R. Lewis

Mailing Address 2340 North Hills Street Suite G  
PO Box 3429

City

Meridian

State

MS

Zip Code

39303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	0

Transaction ID: PR971104673

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

711.56

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 239 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard T. Lincoln

Mailing Address 211 Surrey Court

City

Smithville

State

MO

Zip Code

64089-8373

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR972294673

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kevin D. Lindblom

Mailing Address 720 W Williams Drive

City

Marion

State

IA

Zip Code

52302-5937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR972314673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Carlos H. Lowenberg

Mailing Address 815A Brazos Street # 390

City

Austin

State

TX

Zip Code

78701-2502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR974384673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

458.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 240 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Daniel Kunhardt Jr.

Mailing Address 11 Madison Circle

City

Greenfield

State

MA

Zip Code

01301-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR974673

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. James Lutz

Mailing Address 4539 Whitney Drive

City

Noblesville

State

IN

Zip Code

46062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Development Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR975024673

Amount of Each Receipt this Period

41.68

P/R Deduction (\$20.84 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Rowan G. MacDonald

Mailing Address 201 Railroad Avenue  
235

City

East Rutherford

State

NJ

Zip Code

07073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR975424673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

268.62

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 241 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Scott P. MacDonald

Mailing Address 18 Crosswoods Path

City

Walpole

State

MA

Zip Code

02081-2351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR975434673

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Brian G. Madgett

Mailing Address 188 Dove Creek Lane

City

Danville

State

CA

Zip Code

94506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Zone Life Sales Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR975724673

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Daniel T. Maher

Mailing Address 30 High Street Apt. 303

City

Dedham

State

MA

Zip Code

02026-2842

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR976064673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

368.61

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 242 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Maria J. Mauceri

Mailing Address 152 E 94th Street  
Apt. 5GCity State Zip Code  
New York NY 10128-2575FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
First Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR979744673

Amount of Each Receipt this Period

230.76

P/R Deduction (\$115.38 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Richard C. Maus

Mailing Address 10921 Promise Land Drive

City State Zip Code  
Frisco TX 75035-7619FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR979804673

Amount of Each Receipt this Period

83.33

P/R Deduction (\$83.33 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey L. Mayer

Mailing Address 13 Cabernet Drive Unit 3

City State Zip Code  
Concord NH 03303-1064FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR979944673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional) .....

355.76

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 243 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Philip K. McCall

Mailing Address 105 Wyndham Circle

City

Boalsburg

State

PA

Zip Code

16827-1674

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR980704673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Mon-  
thly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Brendan McCarthy

Mailing Address 99 Waltham Street Apt. 2

City

Boston

State

MA

Zip Code

02118-3635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR980764673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Mon-  
thly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gary J. Miller

Mailing Address 1211 E Nicolet Avenue

City

Phoenix

State

AZ

Zip Code

85020-5118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR985414673

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Mon-  
thly)

**SUBTOTAL** of Receipts This Page (optional) .....

161.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 244 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jay P. Miller

Mailing Address 5407 Landon Circle

City

Boynton Beach

State

FL

Zip Code

33437-1677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR985524673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mitchell Morer

Mailing Address 22 Dover Road

City

Westampton

State

NJ

Zip Code

08060-2353

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR988414673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert A. Moro

Mailing Address 50 Wenwood Drive

City

Hauppauge

State

NY

Zip Code

11788-4321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR988654673

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

225.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 245 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael P. Murphy

Mailing Address 5151 Hoag Lane

City

Fayetteville

State

NY

Zip Code

13066-2574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR990234673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard L. Ness

Mailing Address 9642 S 161st Street

City

Omaha

State

NE

Zip Code

68136-1468

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR992174673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. James W. Bergeron

Mailing Address 905 Bosley Road

City

Cockeysville

State

MD

Zip Code

21030-3111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR9924673

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

183.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 246 / 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Edward E. O'Brien

Mailing Address 805 Westover Avenue Unit Drive

City

Norfolk

State

VA

Zip Code

23507-1539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR994624673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. David Oestreicher

Mailing Address 10 Timberlane Drive

City

Williamsville

State

NY

Zip Code

14221-1422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR995024673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas H. Pace

Mailing Address 6510 Daisy Drive

City

Arlington

State

TX

Zip Code

76017-4970

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR996844673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 247 / 260

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Karen M. Palmer

Mailing Address 645 Kindig Road

City

Littlestown

State

PA

Zip Code

17340-9169

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Agent

Receipt For:

☐ Primary
 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	0

Transaction ID: PR997394673

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Mon-  
thly)

SUBTOTAL of Receipts This Page (optional) .....

41.67

TOTAL This Period (last page this line number only) .....

82191.16

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 248 / 260

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Klein For Congress

Mailing Address 21301 Powerline Road Suite 204

City State Zip Code  
Boca Raton FL 33433

Purpose of Disbursement  
Check Voided

Candidate Name  
Ron Klein

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 22

Transaction ID: 5952354

Date of Disbursement

05 / 05 / 2010

Amount of Each Disbursement this Period

-5000.00

Check Voided

B.

Full Name (Last, First, Middle Initial)

Klein For Congress

Mailing Address 21301 Powerline Road Suite 204

City State Zip Code  
Boca Raton FL 33433

Purpose of Disbursement  
Contribution

Candidate Name  
Ron Klein

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 22

Transaction ID: 5952355

Date of Disbursement

05 / 07 / 2010

Amount of Each Disbursement this Period

2500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Shelley Moore Capito For Congress

Mailing Address P.O. Box 11519

City State Zip Code  
Charleston WV 25339

Purpose of Disbursement  
Contribution

Candidate Name  
Shelley Moore Capito

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WV District: 02

Transaction ID: 5952356

Date of Disbursement

05 / 07 / 2010

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 249 / 260

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

North Dakota Democratic-Nonpartisan League Party

Mailing Address 1902 East Divide Avenue

City Bismarck State ND Zip Code 58501

Purpose of Disbursement  
Contribution

Candidate Name  
North Dakota Democratic-Nonpartisan League Party

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 5952363

Date of Disbursement

05 / 07 / 2010

Amount of Each Disbursement this Period

5000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Steve Israel for Congress Committee

Mailing Address PO Box 777

City Deer Park State NY Zip Code 11729

Purpose of Disbursement  
Contribution

Candidate Name  
Steve Israel

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 02

Transaction ID: 5952403

Date of Disbursement

05 / 07 / 2010

Amount of Each Disbursement this Period

2500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Leahy For U.S. Senator Committee

Mailing Address PO Box 1042

City Montpelier State VT Zip Code 05601

Purpose of Disbursement  
Contribution

Candidate Name  
Patrick Leahy

011  
Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: VT District:

Transaction ID: 5952406

Date of Disbursement

05 / 07 / 2010

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

9500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 250 / 260

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Kent Conrad	<b>Transaction ID:</b> 5952407 <b>Date of Disbursement</b>																				
Mailing Address PO Box 812	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	7		2	0	1	0												
City Bismarck State ND Zip Code 58502	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Gaylord Kent Conrad	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
<b>B.</b> Full Name (Last, First, Middle Initial) Becerra For Congress	<b>Transaction ID:</b> 5970291 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 261060	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	4		2	0	1	0												
City Los Angeles State CA Zip Code 90026	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Xavier Becerra	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
<b>C.</b> Full Name (Last, First, Middle Initial) Lynn Jenkins For Congress	<b>Transaction ID:</b> 5970295 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 1441	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	4		2	0	1	0												
City Topeka State KS Zip Code 66601	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Lynn Jenkins	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 251 / 260

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

ORRINPAC

Mailing Address 175 South West Temple Suite 650

City State Zip Code  
Salt Lake City UT 84101

Purpose of Disbursement  
Contribution

Candidate Name  
ORRINPAC

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 5970298

Date of Disbursement

05 / 14 / 2010

Amount of Each Disbursement this Period

5000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Jackie Speier For Congress

Mailing Address PO Box 112

City State Zip Code  
Burlingame CA 94011

Purpose of Disbursement  
Contribution

Candidate Name  
Jackie Speier

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 12

Transaction ID: 5970305

Date of Disbursement

05 / 14 / 2010

Amount of Each Disbursement this Period

2500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Blackburn For Congress

Mailing Address PO Box 682185

City State Zip Code  
Franklin TN 37068

Purpose of Disbursement  
Contribution

Candidate Name  
Marsha Blackburn

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 07

Transaction ID: 5970313

Date of Disbursement

05 / 14 / 2010

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

10000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Committee To Re-Elect Ed Towns

Mailing Address 438 Lewis Avenue

City State Zip Code  
Brooklyn NY 11233Purpose of Disbursement  
ContributionCandidate Name  
Edolphus Towns011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 10

Transaction ID: 5970368

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	0

Amount of Each Disbursement this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Barbara Lee For Congress

Mailing Address 1736 Franklin Street #550

City State Zip Code  
Oakland CA 94612Purpose of Disbursement  
ContributionCandidate Name  
Barbara Lee011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 09

Transaction ID: 5970600

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	0

Amount of Each Disbursement this Period

2500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Montanans For Tester

Mailing Address P.O. Box 1135

City State Zip Code  
Helena MT 59624Purpose of Disbursement  
ContributionCandidate Name  
Jon Tester011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MT District:

Transaction ID: 5970602

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	0

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

4500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Upton For All Of Us

Mailing Address P.O. Box 490

City  
St. JosephState  
MIZip Code  
49085Purpose of Disbursement  
ContributionCandidate Name  
Frederick Stephen Upton011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 06

Transaction ID: 5970883

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	0

Amount of Each Disbursement this Period

2500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

ALAMO PAC

Mailing Address 919 Congress Avenue - Suite 1400  
Frost Bank PlazaCity  
AustinState  
TXZip Code  
78701Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 5970887

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	0

Amount of Each Disbursement this Period

5000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Halvorson For Congress

Mailing Address PO Box 176

City  
CreteState  
ILZip Code  
60417Purpose of Disbursement  
ContributionCandidate Name  
Deborah 'Debbie' Halvorson011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 11

Transaction ID: 5970889

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	0

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

8500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 254 / 260

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
Contribution

Candidate Name  
Mike Thompson

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 01

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 5970893

Date of Disbursement

05 / 14 / 2010

Amount of Each Disbursement this Period

3500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
Contribution

Candidate Name  
Mike Thompson

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 01

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 5970898

Date of Disbursement

05 / 14 / 2010

Amount of Each Disbursement this Period

5000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Sherman For Congress

Mailing Address 555 South Flower Street Suite 4210

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement  
Contribution

Candidate Name  
Brad Sherman

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 27

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 5983682

Date of Disbursement

05 / 21 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

9500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ben Cardin for Senate

Mailing Address P.O. Box 21093

City  
CatonsvilleState  
MDZip Code  
21228Purpose of Disbursement  
ContributionCandidate Name  
Benjamin L. Cardin011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District:

Transaction ID: 5983685

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	0

Amount of Each Disbursement this Period

2000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Brady For Congress

Mailing Address P.O. Box 8277

City  
The WoodlandsState  
TXZip Code  
77387Purpose of Disbursement  
ContributionCandidate Name  
Kevin Brady011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 08

Transaction ID: 5983686

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	0

Amount of Each Disbursement this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Hoyer For Congress

Mailing Address 4201 Northview Drive  
Ste. 307City  
BowieState  
MDZip Code  
20716Purpose of Disbursement  
ContributionCandidate Name  
Steny Hamilton Hoyer011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District: 05

Transaction ID: 5984013

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	0

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

5500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Sires For Congress	<b>Transaction ID:</b> 5984016 <b>Date of Disbursement</b>
Mailing Address 6050 Boulevard East Apt 6b	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 1 / 2 0 1 0</div> </div>
City State Zip Code West New York NJ 07093	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>2500.00</div>
Candidate Name Albio Sires	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	<b>Contribution</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Cathy McMorris Rogers For Congress	<b>Transaction ID:</b> 5984017 <b>Date of Disbursement</b>
Mailing Address Box 137	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 1 / 2 0 1 0</div> </div>
City State Zip Code Spokane WA 99210	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>2000.00</div>
Candidate Name Cathy McMorris Rodgers	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	<b>Contribution</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Jeff Merkley For Oregon	<b>Transaction ID:</b> 5984018 <b>Date of Disbursement</b>
Mailing Address 2236 SE 10th Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 1 / 2 0 1 0</div> </div>
City State Zip Code Portland OR 97214	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>2500.00</div>
Candidate Name Jeffrey Alan Merkley	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	<b>Contribution</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 257 / 260

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Heller For Congress	<b>Transaction ID:</b> 5986931 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 750580	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	0		2	0	1	0												
City Las Vegas State NV Zip Code 89136	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Check Voided	<table border="1"> <tr> <td>-1000.00</td> </tr> </table>	-1000.00																			
-1000.00																					
Candidate Name Dean Heller	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District: 02	Check Voided																				

  

<b>B.</b> Full Name (Last, First, Middle Initial) Committee To Re-Elect Linda Sanchez	<b>Transaction ID:</b> 5995880 <b>Date of Disbursement</b>																				
Mailing Address 1212 S. Victory Blvd Suite 211	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	5		2	0	1	0												
City Burbank State CA Zip Code 91502	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Linda Sanchez	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 39	Contribution																				

  

<b>C.</b> Full Name (Last, First, Middle Initial) Dreier for Congress Committee	<b>Transaction ID:</b> 5995882 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	5		2	0	1	0												
City Upland State CA Zip Code 91785	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name David Dreier	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 26	Contribution																				

**SUBTOTAL** of Disbursements This Page (optional) .....

9000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Dennis Cardoza Mailing Address P.O. Box 2749	<b>Transaction ID:</b> 5995887 <b>Date of Disbursement</b> <div> <div>05</div> <div>25</div> <div>2010</div> </div>
City Merced State CA Zip Code 95340 Purpose of Disbursement Contribution Candidate Name Dennis Cardoza Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 18	<b>Amount of Each Disbursement this Period</b> <div>5000.00</div> <b>Contribution</b>
<b>B.</b> Full Name (Last, First, Middle Initial) John Davidson For Congress Mailing Address 1710 N. Moorepark Road Suite 18 City Thousand Oaks State CA Zip Code 91360 Purpose of Disbursement Contribution Candidate Name John Davidson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 23	<b>Transaction ID:</b> 5995890 <b>Date of Disbursement</b> <div> <div>05</div> <div>25</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>5000.00</div> <b>Contribution</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Prosperity PAC Mailing Address 1006 Pendleton Street City Alexandria State VA Zip Code 22314 Purpose of Disbursement Contribution Candidate Name Prosperity PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 5996563 <b>Date of Disbursement</b> <div> <div>05</div> <div>27</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2500.00</div> <b>Contribution</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**12500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 259 / 260

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Giffords For Congress

Mailing Address PO Box 12886

City  
Tucson

State  
AZ

Zip Code  
85732

Purpose of Disbursement  
Contribution

Candidate Name  
Gabrielle Giffords

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AZ District: 08

Transaction ID: 5996564

Date of Disbursement

05 / 27 / 2010

Amount of Each Disbursement this Period

2500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

For Americas Republic Majority PAC (FARM PAC)

Mailing Address 675 N. Washington Street  
Suite 410

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 5996565

Date of Disbursement

05 / 27 / 2010

Amount of Each Disbursement this Period

2500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Silver State 21st Century PAC

Mailing Address 3069 Conquista Ct.

City  
Las Vegas

State  
NV

Zip Code  
89121

Purpose of Disbursement  
Contribution

Candidate Name  
Silver State 21st Century PAC

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 5996566

Date of Disbursement

05 / 27 / 2010

Amount of Each Disbursement this Period

2500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 260 / 260

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Cathy McMorris Rogers For Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement  
Contribution

Candidate Name  
Cathy McMorris Rodgers

Office Sought: ☒ House  
☐ Senate  
☐ President

State: WA District: 05

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 5996567

Date of Disbursement

05 / 27 / 2010

Amount of Each Disbursement this Period

3000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Friends Of Charlie Wilson

Mailing Address P.O. Box 160

City Bellaire State OH Zip Code 43906

Purpose of Disbursement  
Contribution

Candidate Name  
Charles A. Wilson

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 06

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 5996568

Date of Disbursement

05 / 27 / 2010

Amount of Each Disbursement this Period

2500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

99500.00